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CONTENTS.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Cases Illustrative of Gastric and Cerebral Vomiting . . . 1

HOSPITAL NOTES AND GLEANINGS.

Nephritic Abscess; Tapping; Recovery . 4
Bleeding Fungous Growth from the Urethra in a Case of Hemorrhagic Diathesis . . 5

MEDICAL NEWS.

Domestic Intelligence—Rupture of the Bladder 5
Resection of the Hip in a Child of Twenty-one Months 6
Deaths from Chloroform 6
Croton-oil Paint 7
Extirpation of a Fibro-cystic Tumour of the Uterus, with the latter and its Appendages. 7
Age in Relation to Child-Bearing . . . 7
Menstruation and Ovulation 7
American Medical Degrees 7
Changes in Medical Journals 8
The American Naturalist, a popular Illustrated Magazine of Natural History . . 8
Foreign Intelligence—Croton-Chloral and Chloral in Diseases of Children . . . 8
Treatment of Hooping-Cough 8
Cubebs in Diphtheria 9
Tetanus successfully treated 9
Lotion for Phagedenic Ulcers 9
Fatal Hemorrhage from the Ear . . . 9
Insufficiency of Valves of Femoral Vein . 9
Interesting Case of Calculi in the Bladder; Removal by Washing out and by Lithotrity 10
Popliteal Aneurism cured by Digital Compression 10
Heteroplastic Transplantations . . . 10
Galvano-cautery for removal of Bean from the Ear 11
Keith's Ovariotomy Statistics 11
Death from Idiopathic Rupture of Spleen . 11
Physiology of Lactation 12
Undiscovered Œsophageal Obstruction . . 12
Two Victims of Hydrophobia 12
The Preservation of Meat 12
The Preservative Effect of Chloroform upon Vegetable Infusions 13
Chloralum 13
Female Labour in Manufactories . . . 13
The Liernur System of Drainage . . . 14
Pollution of a River 15
Carbolic Acid Test for Albumen . . . 15

STOKES ON FEVER . . . . . 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Cases Illustrative of Gastric and Cerebral Vomiting. By Dr. McCall Anderson, Prof. of Clinical Medicine in the University of Glasgow, etc.

Gentlemen: At our meeting in Ward I, the other day, I brought under your notice two cases, in both of which vomiting was a prominent symptom. In the one the vomiting was dependent upon abdominal, in the other upon cerebral disease; and as they illustrate well the distinctive features of gastric and cerebral vomiting, we shall, if you please, refer to them, in the first place, from this point of view.

The patient who is the subject of gastric vomiting lies in bed 6; he who is affected with cerebral vomiting lies in bed 12; and for convenience we may speak of them as No. 6 and No. 12 respectively.

1st. When vomiting is dependent upon gastric disorder it generally sets in with stomach symptoms. This was the case with No 6; for in October, 1873, he began to suffer from pain in the stomach after taking food—a pain which in a couple of months became much more severe, and then was accompanied by vomiting. In No 12, on the other hand, the symptoms were referable to the nervous system—namely, impairment of sight, paralysis of the side of the face, and pain in the head—symptoms which were succeeded by vomiting.

2d. In No. 6 the vomiting was asso-

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ciated with retching; while in No. 12 there was no retching, and the vomiting was easy.

3d. In No. 6 the vomiting was brought on by taking food, but after the contents of the stomach were evacuated the tendency to vomit ceased until food was again taken; while in No. 12 the taking of food had nothing to do with the vomiting, nor did the emptying of the stomach afford relief.

4th. In No. 6, on palpation of the epigastric region, there was decided tenderness, and a tendency to the induction of vomiting; in No. 12, on the other hand, there was no tenderness in the epigastrium, nor did manipulation of the abdomen produce any tendency to vomiting.

5th, and lastly. While in No. 6, as we have seen, many stomach symptoms were present, in No. 12 there were none, but, on the other hand, well-marked symptoms referable to disease of the brain

We now pass on to the consideration of the nature of the diseases under which these patients were labouring; and, first of all, to the case of No. 6, of which the following history was taken at the date of his admission into the infirmary, on the 20th February, 1874: Patient is a married man, aged thirty-three, and a plumber by occupation. He has six brothers and three sisters alive and well: but his mother, who is sixty-eight years of age, has been paralyzed for four years, and his father died at sixty-five, having been paralyzed for some time before death. He seems to have been temperate in his habits, but his diet has been defective and his meals irregular. Until the present illness commenced he has always enjoyed good health. For two months during the summer of 1873 he was exposed to the fumes emanating from the action of nitric acid upon lead, and two months after this, in October of the same year, he began to complain of pain in the stomach, coming on immediately after taking food. During the Christmas holidays he caught cold by throwing off his flannel under-clothing, and after this the pain became much worse and was accompanied by vomiting. He now remained in bed for three weeks, and under medical treatment improved somewhat, but a few days after resuming work he complained of rapidly increasing debility; his legs began to swell, and all his previous symptoms returned in an aggravated form. The pain he describes as being burning or gnawing, giving him the sensation as if his stomach were on fire. At first, however, it was distinctly shooting or darting in character. The pain is greatly aggravated by taking food, but is relieved by vomiting, which generally occurs from three to seven hours after a meal. The vomited matters have latterly had a coffee-ground appearance on many occasions, and occasionally they have been as black as ink. He has all along suffered from flatulent distension of the stomach and bowels. His appetite has continued unimpaired until quite recently, although he did not dare to eat much on account of the pain induced by taking food. As a consequence, he has become much emaciated, and complains greatly of debility. He is very pallid, and his skin has a lemon tint. He has never been a smoker. Pulse 92; respiration 20; temperature 99.2°; tongue moist, red, and smooth; bowels very costive.

At the time of admission there seems to have been some suspicion of lead-poisoning; but on examining the abdomen, instead of retraction, which is usual in such cases, we found very decided distension; further, there was no blue line along the edges of the gums, nor was there the slightest tendency to paralysis of the extensor muscles of the forearm; so that the theory of lead-poisoning was dismissed as untenable.

The most prominent symptoms in the case were pain, vomiting, abdominal tumour, emaciation, and lemon tint of skin. The *pain*, at first shooting or darting, in the later stages gnawing in character, came on immediately after food was taken, was relieved by evacuation of the contents of the stomach, and did not return until another meal was partaken of. The *vomiting* usually occurred from three to seven hours after eating; the matters discharged having often a coffee-ground appearance, and being sometimes as black as ink. Again, on placing the patient upon his back, and inspecting the abdo-

men, we found that it was distended, and that it had an irregular outline, there being greater fulness on the left than on the right side. Percussion over the prominent part was distinctly dull, and produced decided uneasiness. On manipulation we found that the dulness depended upon the presence of a large *tumour*, apparently about the size of a child's head, occupying the epigastric and umbilical regions to the left of the middle line. This tumour was somewhat nodulated, and harder at some parts than at others. I need not dwell upon the other two symptoms—namely, the great and increasing *emaciation* and the *lemon tint of the skin*.

These are the symptoms from which we are generally warranted in concluding that the stomach is the seat of malignant disease: but, as we shall see presently, while the tumour was malignant, it was not connected with the stomach, but with the mesentery and jejunum. Such being the diagnosis, and the disease being evidently far advanced, it was apparent that a fatal issue might be expected at an early date. I need not dwell, therefore, upon the treatment, which was palliative, and which consisted of the regulation of the bowels by means of castor oil and warm-water enemata, the application of iced cloths to the abdomen for the relief of pain, and the administration of bismuth and strychnia in effervescence, to give tone to the digestive organs and to relieve vomiting. The diet consisted of milk, and small quantities of brandy in combination with iced soda-water were given occasionally.

This patient died within a few weeks of his admission; and, on post-mortem examination, a large tumour was found in the abdominal cavity. It involved the mesentery of the small intestines and the first part of the jejunum; while the walls of the ileum for a considerable distance were much infiltrated with the same material. The canal of the jejunum was represented by a large excavated cavity, the walls of which were formed by the tumour. The duodenum was for the most part free, except at its lower extremity; while the stomach contained a large quantity of brown fluid, but showed no evidence of disease. The large intestine was adherent to the tumour immediately above the sigmoid flexure. The tumour was smooth on the surface, and presented a slightly irregular outline; it measured six inches from above downwards, and the same distance across. On section it was pale; and on microscopic examination it was found to be principally composed of round cells, which were loose, but admitted of a section being made with ease. It was, in fact, a case of *lympho-sarcoma*.

From the other patient, who is a labourer forty-two years of age, and who was admitted on the 18th of February, 1874, the following history was obtained: One sister died in childhood, and his father has been an inmate of a lunatic asylum for some years; otherwise the family history is good. He has always been a steady man, but at times his diet has been poor, especially of late years. On two occasions he "lost his sight"—first when he was about sixteen years of age, and again about a year thereafter, and the sight has been indifferent since then. Four years ago, while carrying a twelve-foot plank upon his shoulder, he suddenly felt his head drawn to the right side, and his left arm and leg, as well as his head, began to shake. He retained consciousness, however, and sat down immediately, but the fit did not pass off for about an hour and a half, and it left a feeling of numbness in the arm and leg. On the following day he had two similar paroxysms, which were preceded by giddiness of a minute's duration; these continued for about a quarter of an hour, and were succeeded by violent pain in the forehead, which has never entirely left him, and which has been generally worst about eleven o'clock at night. He has had a great many fits in all, following one another at irregular intervals—sometimes being absent for days, sometimes for months; while one day he had as many as nine paroxysms. The last occurred four months ago. These fits have been associated with a gradually increasing weakness in the muscles of the left side of the face and of the left arm and leg. The pain in the head is often accompanied by eructations of sour fluid into the mouth, and occasion-

ally by vomiting, but without any preceding feeling of sickness; the vomiting is easy, and has no connection with the taking of food. Tongue moist and coated; appetite bad; bowels costive; pulse 72, natural; temperature normal. Of late he has felt so weak as to be unable to follow his occupation.

An ophthalmoscopic examination of the eyes was made by Mr. Whittaker, who reported congestion of the retina and its disk, with choroiditis in a slight degree. The paralysis of the left side of the face was very marked. The paralysis of the left arm and leg, though distinct, was very partial. Another feature in this case was the pain in the front of the head, which was dull and aching in character, and constantly present with paroxysmal exacerbations; it was usually most severe about eleven o'clock at night. In addition to these symptoms, giddiness was complained of, which was most marked on exertion; and vomiting, which, as we have seen, presented the characters of that symptom when dependent upon cerebral disease. The bowels were constipated.

These symptoms evidently pointed to cerebral disease; and the question we had to solve was the nature of the brain lesion. I was led to suspect that it might be dependent upon syphilis, and for these reasons: 1st. The pain in the head was decidedly worst at night, particularly about 11 P.M., so much so as to keep him free from sleeping; and syphilitic pain, as we know, is generally nocturnal in character. 2dly. Upon the left tibia, a little below the knee-joint, a painful swelling was discovered, evidently the result of implication of the periosteum, such as we frequently meet with in the later stages of syphilis. 3dly. The skin of the whole of the left side of the neck posteriorly was marked by cicatrices (the result, he said, of an "income" two years before admission), the edges of which were composed of segments of circles, such as we might expect to follow upon an ulcerated tuberculous eruption.

Previous to my seeing him the head had been shaved, and blisters applied without benefit. On the 25th of March the iodide of potassium, in ten-grain doses, was prescribed; and, within five or six days of its commencement, the patient felt a great deal better, and was able to go about the wards; his appetite returned, his bowels became regular, and the pain in the head had entirely disappeared. This improvement was permanent; and by the 20th of April no trace of the paralysis of the arm and leg could be discovered, although that of the left side of the face continued, and still continues, in a modified form. The result of the treatment, then, proves pretty conclusively the correctness of the suspicion that the cerebral lesion was syphilitic in character.—*Lancet*, Oct. 21, 1874.

HOSPITAL NOTES AND GLEANINGS.

Nephritic Abscess; Tapping; Recovery.—This case is exceptional, and worthy of record, although the diagnosis cannot be further verified. A similar case came under Dr. Dowse's care some years ago, in a girl of the same age, where the kidney was found to be a mere sac without any trace of its original structure.

Harriet W., aged 18, was admitted into the Central London Sick Asylum, Highgate, under the care of Dr. Dowse, with the following history: Five months previous to her confinement she experienced severe pain in the right lumbar region, which continued more or less until the time of her delivery, and almost immediately after the child was born pus was observed in the urine. When first seen after admission she was much exhausted, the pulse was weak, respiration hurried, the cheeks were suffused with a hectic flush, and the body bespattered with patches of erythema, in some parts nodose, in others purpuric. She was of a jaundiced hue, and there were other signs and symptoms indicative of blood poisoning. The pain in the abdomen was severe, but confined more particularly to the right lumbar region.

Upon examining the abdomen a swelling was found to occupy its right half, of regularly rounded and well-defined outline; it merged into the hypochondriac, umbilical, and inguinal regions, but filled up the whole of the lumbar. There was distinct fluctuation anteriorly as well as

over the region of the kidney posteriorly. The urine was loaded with pus. With treatment the abdominal pain lessened, and the general health improved. The swelling continued to increase in size, and the urine to contain less pus until it was absolutely free. It was then decided to puncture, and an ordinary trocar was freely inserted, which liberated about twenty ounces of stinking, glutinous, purulent matter. After the trocar was withdrawn, the aperture was allowed to heal, and again pus made its appearance in the urine, and the swelling increased larger than ever. It was once more emptied, and kept so by means of a drainage-tube. For a week the discharge continued to make its escape freely, but produced little constitutional disturbance, the patient's temperature never exceeding 99°. From this time all pus-formation appeared gradually to cease; she made flesh, and left the building in excellent health.—*Med. Times and Gaz.*, Dec. 5, 1874.

—

Bleeding Fungous Growth from the Urethra in a Case of Hemorrhagic Diathesis.—The following case, admitted into the London Hospital, under the care of Mr. HUTCHINSON, is an illustration of the manner in which the hemorrhagic diathesis often runs in a family and affects several or all of the members of it. As a rule, however, the tendency to bleeding is most marked in members of the male sex. It has several times been found, for instance, that all the male members of a family were thus affected, while all the females escaped; at least, they did not themselves manifest it, although all the male children they bore were the subjects of the hemorrhagic diathesis, but all the female children were free. In this instance, on the other hand, the history shows the tendency to be almost entirely confined to the female members of the family.

Elizabeth P., aged thirty-three, had suffered for five or six years from a bleeding growth of the urethra. The bleeding first came on about five years ago, after severe muscular exertion. The patient had been in several hospitals, provincial and metropolitan, without gaining any permanent relief. Four years ago she was in this hospital for ten months, during which time the growth was removed by the knife and the cautery, but it returned about December last. Since then she has been subject to severe hemorrhages from the part. On April 4th she was again admitted, and the actual cautery was applied, with some relief from the bleedings for a few days.

The interest of the case lies in the fact that there is a family history of the hemorrhagic diathesis, and also of recurrent (? malignant) growths. The mother's sister had a "bleeding cancer of the lip," which was removed, but re-formed on the tongue. One sister is subject to severe epistaxis, and the patient's son has been affected with epistaxis for three years. Another child died at the age of six years with bleeding from the nose and mouth. A sister of the patient has severe floodings after parturition, and has also a large red tumour of the left upper eyelid, which has been removed twice.—*Lancet*, Dec. 12, 1874.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Rupture of the Bladder.—Dr. ERSKINE MASON (*New York Med. Journ.*, Dec. 1874) presented to the New York Pathological Society an interesting case of rupture of the bladder, showing the obscurity that may attend this injury.

The patient was a boy of eleven years, who entered Roosevelt Hospital July 8th, having been injured on July 2d by receiving a kick in the perineum. There was not much pain complained of at the time, but some hours after he was unable to pass his water, though he did so subsequent to the injury. In forty-eight hours his retention was relieved by the catheter.

I examined him on July 10th, and found no contusion or apparent injury of the perineum.

12*th*. Passed bloody urine, and complained of pain over the pubes.

19*th*. Was given a hot bath, and was then able to pass a few drops without the

assistance of the catheter. Up to this time the quality of the urine varied; at some times it was clear, at others purulent, and again it would be of a dark-brown colour.

20*th*. At 5 P. M. became drowsy. Respiration slow, and patient became cyanotic.

21*st*. Complained of more pain. On introducing the catheter it was found to meet an obstruction at the neck of the bladder. Examining by the rectum, a large swelling was found behind the bladder, resulting from pelvic peritonitis. At this time the bladder was opened by the same operation as that of lateral lithotomy. When the finger was carried in, a soft tumour was discovered. Several hours later the bladder became again distended, and had to be relieved by the catheter through the wound.

22*d*. Examined the bladder again through the wound, and pushed something upward before the finger.

24*th*. Dilated the wound by Sir Henry Thompson's dilator, the catheter being of no avail. At this time tympanites appeared, with a good deal of pain, which in a day or two passed away.

28*th*. Pus began to drain away from the wound, and continued so till the patient died.

August 8. Diarrhœa set in accompanied with pleurisy.

11*th*. Patient died.

Autopsy—Bladder.—A rupture was found at the side, near the neck, on the side opposite to that of the operation. In the specimen it was only large enough to pass a lead-pencil through. The urethra was also ruptured. One of the results of the rupture was pelvic peritonitis, which bound the rectum to the bladder at its base. It is a point of interest to know that the patient did not die shortly after the injury, which is to be accounted for mainly by the reason that the urine did not escape into the peritoneum.

Dr. Mason stated also that he had operated on a patient two years ago for rupture of the bladder in a manner similar to the one just mentioned, and that the patient lived forty-one days.

Dr. Peaslee had a like case which lived forty-two days.

Dr. Mason was of the opinion that, if he had made an examination by the rectum when the patient entered the hospital, he might have had his attention directed to the true nature of the case, but at that time there was no indication of serious trouble, and even for ten days or two weeks he was able to run about the hospital grounds and play.

—

Resection of the Hip in a Child of Twenty-one Months.—Dr. Sayre (*New York Med. Journ*., Dec. 1874) presented, at a recent meeting of the New York Pathological Society, some small specimens of bone removed from a patient aged twenty-one months, under the following circumstances: Three months before, the child had double pneumonia, and, shortly after recovering from it, fell on its left side, with the limb abducted. The patient was in charge of Dr. Husted, who found, some weeks later, an inflamed gland in the inguinal region, which was followed by an abscess. Dr. Husted aspirated this and removed two or three ounces of pus: an opening was then made into the abscess, and it was allowed to discharge. The limb was markedly œdematous when seen by Dr. Sayre, and after anæsthetizing the patient and extending the incision, the end of the femur was found to be eroded. At the end of a week the former incision was carried sufficiently far upward to allow the eroded head of the femur to be removed by means of a metacarpal saw, without changing the position of the limb. After the operation Dr. Sayre carried his finger down posteriorly till the skin was reached, and having opened it introduced a tent and closed the wound anteriorly. The little patient did exceedingly well, though it had never received any nourishment except from its mother's breast.

Dr. Sayre said this was the youngest patient he had ever operated on.

—

Deaths from Chloroform.—In the *Boston Med. and Surg. Journ*. (Oct. 1 and 8, 1874) is recorded the case of a strong and healthy brakeman, who, on Sept. 26th, died in the office of a dentist in Boston, while under the influence of chloroform inhaled for the extraction of a tooth. The

autopsy showed no disease sufficient to account for the death. The heart was healthy, and the blood throughout the body was fluid. The coroner's jury found that the chloroform was the cause of death, declared its use to be unjustifiable, and recommended the enactment of a law to prohibit its use as an anæsthetic.

In the *Canada Medical Record* for November, 1874, is mentioned the death of a lady at Kingston, caused by chloroform inhaled prior to the extraction of a tooth.

—

Croton-oil Paint.—Dr. John W. Corson recommends (*Med. Record*, Dec. 1), as a counter-irritant in pleurisy and various other affections, the following, which he names croton-oil paint:—

No. 1. Milder croton-oil paint.

℞.—Olei croton tiglii, ʒj;
Ether. sulphur. fort. ʒij;
Tinct. iodin. ʒv.—M.

Two or three coats at a time to be applied with a camel's hair brush, over a small surface once a week.

No. 2. Stronger croton-oil paint.

℞.—Olei croton tiglii, ʒij;
Ether. sulphur. fort. ʒiv;
Tinct. iodin., ʒij;
Potass. iodid. ℈j;
Iodinii, gr. x.—M.

S.—Paint as above.

—

Extirpation of a Fibro-cystic Tumour of the Uterus, with the latter and its Appendages.—A case of interstitial fibroid tumour of the uterus in which this organ with the left ovary was extirpated by Dr. Wood, of Cincinnati, was reported (*St. Louis Med. and Surg. Journ.*, Dec. 1874) to the St. Louis Medical Society, Oct. 3d. The patient died forty-three hours after the operation. Dr. Wood, it is stated, has performed this operation five times, with three recoveries.

Dr. E. H. Trenholme records (*Canada Med. Record*, Nov. 1874) a case of fibro-cystic tumour of the uterus, in which he extirpated this organ with its appendages. "The tumour weighed sixteen pounds, including the uterus and ovaries." The patient entirely recovered.

—

Age in Relation to Child Bearing.—At a late meeting (Nov. 20) of the New York Library and Journal Association Dr. Fordyce Barker (*Medical Record*, Dec. 15, 1874) read an interesting paper on this subject.

The conclusion at which he arrives is that the laws of physiology, the experience of mankind, and decisions of the courts will justify the medical witness in declaring that a woman over fifty-five years of age is past the period of child-bearing.

—

Menstruation and Ovulation.—In the discussion which followed the reading of the above-mentioned paper, the relation of menstruation to ovulation was questioned. Dr. Barker replied that menstruation and ovulation are most frequently coincident, but they do not necessarily bear the relation to each other of cause and effect (without entering upon theories): (1) because the one may exist without the other, as proven by numerous well-authenticated cases; (2) cicatrices have been found in ovaries, indicating rupture of Graafian vesicles, many years previous to the appearance of menstruation; and have also been found in old women (fresh cicatrices) after menstruation had ceased for a long time; (3) we now have eight well-authenticated cases in which women have menstruated and continued to menstruate after both ovaries were removed, rendering ovulation impossible. This, to him, was conclusive evidence that menstruation or monthly sanguineous flow is not dependent upon ovulation.

—

American Medical Degrees.—These are getting more and more out of repute in Great Britain through the sale of diplomas from institutions in this country which claim the privilege of issuing them. It appears, from recent journals, that a man has been fined, in Dumfriesshire, for appending his name with the letters M.D., to a certificate of death. The man produced a diploma from the *Livingstone University* in America, and the *Edinburgh University of Chicago*. [Are there any such institutions having a legal existence?] The *Lancet* observes (Nov. 21), "it is well known that degrees in America are

as plentiful as mushrooms." . . . For the prosecution it was shown that Dr. Robertson, secretary to one of the colleges in question, and who is at present in London, had offered to grant a degree from the same university as that from which the defendant held his diploma for £10, without the necessity of a course of study, and without examination.

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Changes in Medical Journals.—The *Medical Record*, it is announced, is hereafter to be issued weekly, and the subscription price raised to five dollars per annum.

The proprietorship of the *Boston Medical and Surgical Journal* has been transferred by Messrs. David Clapp and Son to the present editors, and the Journal will be hereafter published by H. O. Houghton and Co., 219 Washington Street, Boston.

—

The American Naturalist, a Popular Illustrated Magazine of Natural History.—We would invite attention to this extremely interesting and well-conducted periodical, which, we regret to learn, requires more subscribers to make it self-sustaining. The subscription price is only four dollars a year. Address *American Naturalist*, Salem,

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FOREIGN INTELLIGENCE.

Croton-Chloral and Chloral in Diseases of Children.—Prof. Bouchut, in a note addressed to the *Gazette des Hôpitaux* of December 5, thus speaks of the comparative advantages of these substances:—

"Croton-chloral, which has been spoken of lately, does not possess all the properties of ordinary chloral, and is not destined to repla . I may first observe that the hydrate of chloral has not the same action in the adult as in the child. In the former it is hypnotic, but does not produce anæsthesia, at least in the doses ordinarily given by the mouth. So acrid is its taste that it cannot be carried beyond from six to eight ammes, and even at this dose the stomach revolts, while absolute insensibility is not obtained from it. This is not the case in children, in whom the stomach supports the remedy better, so that with three or four grammes we can produce in them sleep and complete anæsthesia. So great is the insensibility that abscesses may be opened and teeth extracted without pain. In my ward, the children take the chloral at eight o'clock, and at nine the dentist extracts their teeth, they not waking until three hours later without being aware that any operation has been performed. Hundreds of cases have exhibited these facts to those who attend my hospital practice. Croton-chloral, of which I have made twenty trials, seems to me to possess but one advantage over chloral—that of having a less acrid and disagreeable taste. When sleep alone is desired the croton-chloral may be given, but if we wish to produce anæsthesia the hydrate of chloral is to be preferred, as in equal doses the croton-chloral is less active than chloral."

After detailing the experiments which he has made, showing that the croton-chloral exerts little or no anæsthetic power, Prof. Bouchut continues:—

"In presence of these results, it seemed to me useful to ascertain on the same subjects what was the action of chloral. As all these children were suffering from chorea, in which I have discovered the efficacious action of this substance, this was easy to do. To seven patients three grammes of chloral were given, and in five of these there was produced deep sleep, great resolution of the limbs, and sufficient surgical anæsthesia for opening abscesses or extracting teeth without pain. In the two others there was sleep of two hours and a half, but hardly any anæsthesia. To sum up: Croton-chloral has weaker properties than chloral. It induces sleep, and may be used as a hypnotic in cases in which we fear the irritating action of the chloral on the stomach; but if we wish to induce anæsthesia, chloral is to be preferred."—*Med. Times and Gazette*, Dec. 12, 1874.

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Treatment of Hooping-Cough.—M. Maximin Legrand, in the course of an account of a visit to the Hospital St. Charles, at Nancy, published in *L'Union Médicale* for October 8, refers to the successful treatment of hooping-cough and hysterical coughs generally by sulphurous treatment.

M. Parisot, the head physician of the establishment, gave him particulars of the case of a child who, twelve days after the hooping-cough had declared itself, was placed in a sulphur vapour bath and completely cured. Wherever M. Parisot sees that the cough is taking on a convulsive character, he has recourse to the sulphur vapour baths, and almost invariably overcomes this distressing symptom. Passing from science to art, M. Legrand dilates on the beauty of the old earthenware vessels used in the pharmacy of this hospital. They were, it appears, given to the institution by King Stanislaus, and are in the best style of French pottery, that of Louis XIV., the most beautiful and characteristic of all the peculiarly French styles. M. Legrand adds that the pharmacy is kept with the most perfect neatness and order, and the precious jars are valued as they deserve to be.—*London Med. Record*, Oct. 18, 1874.

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Cubebs in Diphtheria.—Dr. Reignier, of Surgères, reports in *La France Médicale* (May 16), a case of nasal diphtheria in a boy, aged 10 years, which he, two years previously, had successfully treated by the administration of a gramme of cubebs morning and evening; at the same time supporting the patient's strength, which was at the lowest ebb. There was an enormous quantity of albumen in the urine; and it was with the object of checking this drain from the system, that Dr. Reignier, calling to mind the action of cubebs on the kidneys, prescribed that drug, with a success which he was far from hoping for. He has since treated seven other cases of nasal diphtheria in a similar manner, and with a like success; and, therefore, thinks that he may now, without rashness, recommend its adoption. It would be prudent, he adds, to give the cubebs in these severe cases before the albumen made its appearance in the urine.—*Irish Hosp. Gaz.*, Nov. 18, 1874.

—

Tetanus successfully treated.—Dr. J. B. Carruthers reports (*Lancet*, Sept. 26th, 1874) a case of traumatic tetanus in a boy, æt. 14, successfully treated by chloral hydrate and bromide of potassium. At first the case was most disheartening, but by steady perseverance in the treatment the convulsions gradually weakened and finally ceased. The amelioration of the symptoms on the third day after the chloral hydrate and bromide of potassium were given was most marked.

—

Lotion for Phagedenic Ulcers.—Prof. Profeta states (*Lo Sperimentale*) that the application of pepsin, grm. xv; lactic acid, grm. ij; water, grm. c; has succeeded completely in curing many phagedenic ulcers, when other reputed remedies had entirely failed.

—

Fatal Hemorrhage from the Ear.—At a recent meeting of the Buda-Pesth Surgical Society, Dr. Böke related (*Centralblatt für Chirurgie*, Sept. 19, 1874) the particulars of two fatal cases of hemorrhage from the ears, and took occasion to oppose the tying of the carotid artery, when in such cases the hemorrhage is the result of caries.

The first case was that of a sailor, 22 years old, who died after experiencing for fourteen days severe hemorrhage, accompanied by vomiting. The autopsy revealed extensive necrosis with loss of substance in the *tegumentum tympani*, the anterior and posterior wall of the *tympanum* and also of the *canalis facialis*. The source of the hemorrhage was found to be the *bulbus venæ jugularis*.

In the second instance, that of a sailor, aged 43, there was found, at the autopsy, caries of the *tegumentum tympani* and a communication between the *sinus petrosus inferior* and the cavity of the tympanum. —*Boston Med. and Surg. Journ.*, Oct. 8, 1874.

—

Insufficiency of the Valves of the Femoral Vein.—Prof. Friedreich has lately pointed out that the above condition is a serious one, inasmuch as it favours the development of varix and œdema of the legs, and may give rise to profuse venous hemorrhage in operations on the upper part of the thigh. The valvular insufficiency, which is not uncommon, may be detected by rotating the thigh outwards, and laying the finger lightly on the upper part of

the vein, immediately below Poupart's ligament. If the upper valves are insufficient, there may then be felt a strong whiz when the patient gives a short cough or otherwise rapidly contracts the abdominal muscles. Under the same circumstances the ear, instead of the finger, may detect a deep bruit.—*Med. Times and Gaz.*, Dec. 5, 1874.

—

Interesting Case of Calculi in the Bladder; Removal by Washing Out and by Lithotrity.—Mr. John Foster records (*Lancet*, Oct. 10, 1874) the following case:—

A gentleman, aged seventy-six, consulted me, in absence of Sir Henry Thompson, on the 16th of September. He had enjoyed perfect health, and had had no disturbance of his urinary organs until six months ago, when he passed several uric-acid calculi, varying in size from a pin's head to a very small pea; but he had passed none for the last four months. He suffered no pain, slight irritation only, at the end of his penis; never passed blood, but had considerable frequency in making water. He had a narrow stricture at the orifice of the urethra, which I divided, and passed a No. 8 coudée catheter to ascertain if he emptied the bladder. With the urine came a large number of very small calculi, and, by injecting some warm water, I removed, I should think, about three or four hundred. On the 17th I used a larger catheter, and washed out as many more, some of the size of a small pea.

Feeling sure, from his symptoms, that some more were still remaining in his bladder, he was put under the influence of gas and ether, on Sept. 20th, by Mr. Bailey, and I crushed several calculi, one the size of a bean. Again, on the 22d, under the same anæsthetic, I crushed two or three more, and removed all calculous matter with the lithotrite and Clover's apparatus. On the 25th the irritation and frequency of micturition had greatly diminished, and he went home, having learned to pass his catheter twice a day to empty the bladder of the residual urine.

The case is interesting from the fact that such a large collection of calculi (over a thousand) remained in the bladder, unsuspected, and causing so little inconvenience; and the reason of their not being easily expelled was the inability of the patient to empty his bladder by his own efforts.

—

Popliteal Aneurism cured by Digital Compression.—Dr. John Reddy reports (*Canada Med. and Surg. Journ.*, Dec. 1874) a case of popliteal aneurism in a healthy woman aged 59, with a large popliteal aneurism. Two of Caste's compressors were applied, no benefit resulting, and the pain being so severe that after seven weeks' use they were laid aside. Afterwards digital compression was resorted to, and after twelve hours neither pulsation nor bruit was distinguishable After this, a gradual diminution of the tumour took place, and at the date of the last report, all pain and tenderness had ceased, though the patient was still unable to walk or press her heel firmly on the ground.

—

Heteroplastic Transplantations.—At a recent meeting of the *Academie des Sciences*, M. Benjamin Auger gave an account of his trials with "heteroplastic graftings." Having occasion to provide a covering for a very large burn, and not finding it practicable to obtain a sufficient number of epidermic graftings on the patient himself, he derived these from the amputated limbs of other subjects, and succeeded in effecting cicatrization in this manner. This induced him to resort to dermo-epidermic grafts obtained in the same way, and which were employed with the same success. Believing, therefore, that he should meet with a similar result in transplanting portions of the entire substance of the skin, and even of the subjacent cellular tissue, he took grafts of one or two centimetres in circumference, consisting of the entire thickness of the skin, from the palmar surface of a finger amputated two minutes before, and bound them by diachylon on to an ulcer of the leg. Three days after they were found intimately united and manifestly vascular. In the same way grafts of the entire thickness of the skin were taken from a lumbar tumour, and finally the preputial mucous

membrane taken from a young subject just operated upon for circumcision has been grafted. In all these cases the tissues transplanted still preserved their temperature, and were conveyed as speedily as possible.

Observation has shown that in four, five, or six days the epidermis covering the grafts becomes detached, leaving the surface denuded so as to resemble the integument to which a blister has been recently applied. The cicatrix, nevertheless, is rapidly formed over the whole surface of the graft and its periphery. This would seem to show that epidermic grafts only succeed on condition that a lamella of the dermis is united to the epidermis. As yet, M. Auger has only employed his method to obtain the cicatrization of a large burn, but he anticipates numerous applications of it will arise. In choosing grafts we should, of course, avoid taking them from the vicinity of malignant disease, or when the subject supplying them suffers from contagious disease.

—

Galvano-cautery for removal of Bean from the Ear.—A child, æt. 7, had a bean fixed at the far end of the meatus auditorius externus. All the usual means of extraction had been tried in vain, and the foreign body still remained solidly fixed between the tympanum and the lower wall of the passage, when M. Voltolini thought of trying the galvanic cautery. At a single séance, the foreign body was burnt at twenty different points, by the use of a small pointed cautery. In a day or two, the remains of the bean, reduced to one-half its former size, presented itself at the orifice of the meatus, from which it was easily removed.—*Edin. Med. Journ.*, Nov. 1874, from *Journ. de Méd. et de Chirurg. Prat.*, July, 1874.

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Keith's Ovariotomy Statistics.—At a late meeting of the Medico-Chirurgical Society of Edinburgh, Dr. Thomas Keith (*British Med. Journ.*, Dec. 12, 1874) mentioned that he had performed ovariotomy 196 times, and that during the last three years his mortality has been only ten per cent.

Death from Idiopathic Rupture of Spleen.—Mr. Edward Atkinson, Surgeon to the Leeds General Infirmary, reports (*Brit. Med. Journ.*, Sept. 26, 1874) the following very rare case:—

A lady, aged 35, of middle height, stout, married only five months, highly hysterical, had never been quite well since her marriage. She had menstruated regularly, but had irritable stomach, with frequent attacks of vomiting, and sometimes suffered considerable pain in the gastric region. She had been under the treatment of my friend Dr. Young for four or five weeks for these symptoms, which had been alleviated, and she was considered to be convalescent. *She never had enteric fever.* On the evening of August 5th, 1873, she was suddenly taken ill after eating some herring, and was attended by Dr. Frobisher. Violent retching continued from 9 P. M. till noon next day, and was followed, after the first hour or two of sickness, by acute pain in the left side, which rapidly spread over the whole abdomen. At noon, she sank into a state of collapse. When I saw her at 4 P. M. with Dr. Frobisher, she presented the appearance of a person in the last stage of Asiatic cholera—cold, restless, pallid, blue lips, pulseless at the wrist, whispering voice, clammy sweat—but no diarrhœa. Was it gall-stone, intussusception, internal strangulation, or rupture of an aneurism? One thing was evident—that death was inevitable. She died at 5 o'clock, twenty hours from the commencement. With great difficulty, a necropsy was obtained, and was made two days after death by myself in conjunction with Drs. Young and Frobisher. The body was very fat. There were two inches of fat in the parietes, besides a thick subperitoneal layer. The abdominal viscera were bloodless. A large clot, several pounds in weight, overlapped the lower edge of the great omentum and filled the left side of the abdomen; besides which, there was a large quantity of dark fluid blood. There were no adhesions, or signs of effused lymph, or of peritoneal inflammation anywhere. On tracing up the blood to its source, it was found to issue

from a rent in the gastro-splenic omentum, which was distended into a large pouch. On enlarging the opening, more clot and fluid blood escaped, and then the spleen was seen, shrunken, pale, flabby, and its lower portion disintegrated and in a state of muddy pulp. The stomach and duodenum contained no ulcer or other unhealthy appearance. The liver was pale, flabby and very friable. The kidneys were healthy. The gall-bladder and duct were devoid of calculi. The thorax was not opened. The only similar case of which I ever heard, or of which I have been able to find any record, is one which my friend Dr. Deville of Harrogate communicated to the Branch meeting at Scarborough last year.

—

Physiology of Lactation.—At a recent meeting of the Association Française pour l'Avancement des Sciences, M. Sinety read a paper on some points in the physiology of lactation. What part, he asks, does the mammary gland play in the formation of the different constituents of milk? From the time that milk appears in the mammary gland the liver presents a fatty condition, which is so far different from any pathological condition, that the fat appears in the centre of the lobules. Pregnancy, *per se*, does not produce this condition of steatogeny. M. Sinety has been led to believe, from his experiments on rabbits and guinea-pigs, that the liver fabricates, in part at least, the fatty matters of the milk. But whence comes the sugar? The glycosuria of nursing women, originally stated to occur by Blot in 1856, has been denied by others. The truth is that sugar always appears in the urine when suckling is suddenly discontinued. The removal of the mammary glands in female guinea-pigs was followed by the appearance of sugar in the urine, though it soon disappeared. M. Sinety thinks that the mammary gland directly produces the sugar of the milk.—*Lancet*, Sept. 26, 1874.

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Undiscovered Œsophageal Obstruction.—M. Duplay mentioned, at a late meeting of the Surgical Society of Paris, the case of a man of sixty-two, who, on admission into the hospital, stated that whilst partaking of soup with a spoon he had swallowed a bone. He had some pain about the sternum, but could drink and swallow bread. Different tubes introduced passed easily into the stomach, though stopped a little about the sternal region. A few days after admission the patient could no longer swallow solids; he was fed by tubes, but soon sank with symptoms of broncho-pneumonia. On a post-mortem examination the bone was found about two inches below the beginning of the œsophagus; it was triangular in shape, one of the apices being so sharp that it had perforated the œsophagus. It is difficult to explain how this foreign body allowed food and tubes of the diameter of the little finger to pass into the stomach. —*Lancet*, Dec. 12, 1874.

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Two Victims of Hydrophobia.—T. W. Lorinser denies the specific poisonous action of the saliva of a mad dog, and referring chiefly to the death of Professor Hermann, of Prague, the history of whose illness and *post-mortem* examination is given, and to observations on a similar case of a girl twenty years old, declares it as his opinion that only a long-nourished and constantly-increasing fear of the outbreak of hydrophobia causes the ultimate disease, and that hydrophobia will cease to exist when it ceases to be believed in. *Edin. Med. Journ.*, Nov. 1874, from *Centralblatt*, No. 29, 1874, and *Wien. Med. Wochenschr.*, Nos. 14 and 15, 1874.

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The Preservation of Meat.—Prof. Kolbe has discovered that fresh meat rubbed with salicylic acid may be exposed to the air for a week without spoiling (*Pharmaceutical Journal*, Nov. 28). A large quantity of beef and mutton, prepared with salicylic acid, was packed closely together in a cask, and at the end of a month was examined as to its usefulness in the kitchen, and as to flavour. The greater part of the acid was removed by washing, after which the not unpleasant weak sweetish taste of the remainder could be detected only with difficulty. This favourable result has suggested to Professor Kolbe that meat may by this means be

imported cheaply, and in good condition, from South America.—*Med. Times and Gaz.*, Dec. 5, 1874.

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The Preservative Effect of Chloroform upon Vegetable Infusions. — Mr. J. C. Barnes, F.C.S., published in the *Pharmaceutical Journal* for December a paper on this subject. It is stated that not only is alcoholic fermentation prevented by chloroform, but when added in sufficient quantity to fresh milk, lactic fermentation is also arrested. It would be convenient, perhaps, to preserve milk in this manner, boiling the liquid before use, in order to drive off the chloroform. It is considered probable that solutions of acetate and citrate of ammonia, citric acid, lemon juice, and many other substances may be preserved by chloroform. The idea was suggested to Mr. Barnes by Dr. G. Pritchard, Greenstreet, Kent.—*Lancet*, Dec. 12, 1874.

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Chloralum.—Prof. Fleck, of Dresden, has been investigating the quality of chloralum, of which, as a disinfectant, so much has been heard. He states that it is made as follows: A calcareous and slightly ferruginous clay is treated with crude fuming hydrochloric acid, and dissolved as much as possible. The concentrated liquid, after letting the undissolved particles settle, is decanted, bottled, and sold as "chloralum." It has its name from the chloride of aluminium it contains. The undissolved residue, just as it is left, is dried in leaden pans, and this furnishes the "chloralum powder." In the above chloralum liquid, wool or wadding is immersed, saturated with it, pressed and dried, and this gives the "chloralum wool and wadding." The impurities of arsenic, lead, and copper are caused by the impurity of the solvent, hydrochloric acid, or of the apparatus in which the dissolving of the clay takes place. The real value of the contents of the chloralum bottles cannot be set above one-seventh of the price at which they are sold. The value of the chloralum powder sold in tin boxes cannot be fixed higher than one-fifth of the selling price, it being simply a dried waste product. A solution of 10 grs. of alum in 1 pound of well-water replaces in all cases the above preparations, in which all constituents, except the chloride of aluminium, are impurities, viz., poison. To fix the value of chloralum as a disinfectant, equal volumes of sewer liquid were treated with chloride of lime, alum, sulphate of iron, chloralum, caustic lime, and chloride of magnesium, and the clear supernatant liquid tested with alkaline silver solution for its percentage of putrefying matter. The useful effect of these disinfectants and clarifiers is represented by the following figures :—

Chloride of lime disinfects		100.0	p.c.	of putrefying matter.
Caustic lime . . .	"	84.6	"	"
Alum	"	80.4	"	"
Sulphate of iron . .	"	76.7	"	"
Chloralum . . .	"	74.0	"	"
Chloride of magnesium	"	57.1	"	"

The disinfecting and clarifying effect of chloralum is, as we see, inferior to those of alum or sulphate of alumina and of green vitriol, both of which are considerably cheaper than the chloralum.—*Sanitary Record*, Nov. 21, 1874.

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Female Labour in Manufactories.—At the recent meeting of the German Public Health Association Dr. Hirt, of Breslau, presented a report on Female Labour in Manufactories. While in general numerous causes of disease existed in the various kinds of industrial occupation, this was the case in a much higher degree as regards women. While the healthy woman required for herself a greater amount of protection than the man, this protection was in a special manner required for pregnant females employed in factories. For the protection of the latter, the speaker demanded general legal regulations. Long-continued exhausting labour, machine-sewing, etc., were known to produce abortion; and this was also caused by working in certain poisonous materials, viz., lead, phosphorus, mercury, anilin, arsenic, and copper. Of 140 pregnant women working in lead, 82 had abortion, or 58 per cent. Statistics showed similar results with regard to mercury, arsenic, and anilin. It was further established that the action of these poisonous matters was communi-

cated from the organism of t e mother to that of the child. In 1000 cases of female lead-workers, 785 had still-births; and in addition, 40 per cent. of the children died within the first, and 30 cent. within the second year. The annual mortality among children of females employed in coating mirrors was 65 per cent. In normal conditions, the mortality of children in the first year was only 20 per cent., and even in large towns it was not higher than 20 or 25 per cent. Again, the female labourers referred to were much too imprudent after their confinement, and were in too great haste to return to work. Hitherto, unfortunately, legislation had afforded no protection, either in England, France, Austria, Germany, or Belgium. Switzerland alone had made a beginning and must be an enlightening example to Germany. The humanity of the house of Dollfuss, in Mühlhausen, was also worthy of mention, where full leave of absence was allowed to all the pregnant females for three weeks before and three weeks after confinement. The reporter summed up as follows: 1. Pregnant women should be interdicted during the second half of pregnancy from employment in all branches of industry where poisonous materials are used; as, for example, the manufacture of coloured papers and artificial flowers, the coating of mirrors, the manufacture of caoutchouc articles, etc.; and they should also be excluded from factories where injurious gases abound. 2. No puerperal woman should be employed in any manufactory before the ninth day after her confinement. 3. No puerperal woman should be employed in a factory where poisonous materials are used before the forty-second day after her delivery.

These conclusions were received with lively approbation. The Association, however, abstained from passing a special resolution, but left it to the individual members to work out the ideas in their respective districts.—*The Sanitary Record*, Dec. 12, 1874, from *Allgemeine Med. Central-Zeitung*, Sept. 1874.

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The Liernur System of Drainage.—Till last week, when the letter of the late Mayor of Winchester appeared in *The Times* stating the sanitary authorities had under consideration Captain Liernur's scheme for removing the sewage of the town by his pneumatic system, few besides those interested in sanitary matters were aware of its existence, and even these knew very little definite about it. The principle is briefly this: Captain Liernur separates the storm and waste water from the refuse water; these are carried off by a separate system of drains. Both, however, are kept separate from the fecal and urinary excreta, which are removed from the houses by means of atmospheric pressure instead of water. To effect this each closet is connected with an iron pipe, which enters an iron main-tube in the street, which in turn enters a street reservoir, but is shut off from it when not in action by means of a stopcock; each street reservoir is in connection with a tank, situated under the house containing the air-pump engine, by which a vacuum is constantly maintained. At certain hours men visit the main pipes, open the stopcocks, and at once the excretory matters are sucked out into the reservoir, and thence into the tanks. Here, owing to its small bulk, it can be easily dealt with, either by immediate distribution to the soil as manure, or by conversion into *poudrette* or human guano. Theoretically the scheme is perfect, and its manifest advantages are—(1) By the constant vacuum maintained in the system, no sewer gas can find access to the houses; (2) it does away with the enormous quantity of water required for flushing the sewers; (3) as the sewage is not diluted with a vast amount of water, no expensive arrangements are required to utilize it. The scheme seems particularly suited for those places which have not a natural outfall for their sewage, or have not a sufficient water-supply to flush their drains, or, as in the case of Cambridge, where owing to the dead level little or no fall can be obtained, and where the sewage has a tendency, in consequence, to deposit in the sewers. The method of carrying off the refuse and surface water is also a chief feature in the scheme. The former is removed by means of impervious

vitrified earthenware pipes, so that filtration or percolation is impossible. The surface water is carried off by means of small agricultural drain-pipes laid at a higher level than those which carry off the refuse water; they discharge into them, however, at certain intervals. The advantage claimed by Captain Liernur for this arrangement is that the water in the subsoil is kept at a permanent height above the sewer, and he thinks that so long as the subsoil water outside the sewer is higher than the sewer within, all danger of pollution is avoided. The scheme has been tried for three years at Amsterdam in a portion of the town, and other Dutch towns are adopting it. We are told that Dr. Stronsberg, the contractor, and Count Stuckenberg, have just signed a contract for laying down the Liernur system of sewerage in St. Petersburg, at a cost amounting to nearly £4,000,000. Captain Liernur believes his system will be a financial success, and that there will be a return on the capital employed from the sale of the *poudrette*. Without being so sanguine, we would be more than content with any scheme that would efficiently get rid of our excreta and pay its working expenses. These are the two points in which all the schemes hitherto tried have failed.—*Lancet*, Nov. 28, 1874.

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Pollution of a River.—The proprietors of a paper mill at a village near Sheffield were last week pretty severely fined, at the instigation of the sanitary authorities of the district, for the non-abatement of a nuisance, which consisted in the discharge of foul water from the mill into a stream running through the village. Fever had broken out on both banks of the stream, and in three months 100 cases of typhoid, of which twenty-four proved fatal, had been reported. For such disgraceful instances of river pollution (and persisted in, be it remembered, after repeated warnings) a money fine appears to be quite inadequate. We would gladly see terms of imprisonment awarded to persons, no matter what their position, who obstinately continue a dangerous nuisance after having been warned of the terrible consequences likely to follow their non-compliance with the provisions of the law.—*Lancet*, Nov. 4, 1874.

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Carbolic Acid Test for Albumen.—Dr. A. Ernest Sansom records (*Med. Times and Gaz.*, Oct. 10, 1874) that in his opinion the carbolic acid test for albumen is entirely unreliable. He says it will often fail to detect albumen in urine when the latter is present in considerable proportion; it will produce a deceptive coagulum when there is no albumen at all.

"Long before M. Méhu promulgated his test (*Journal de Pharmacie et de Chimie*, February, 1869), I had tried with great hope carbolic acid as a practical test for the presence of albumen in urine. I soon found, however, that its employment was beset with fallacies. I have described these in my book on carbolic acid ("Antiseptic System," p. 12). In urine of high specific gravity a dense precipitate is produced by the aceto-carbolic solution whether albumen be present or no. In saline solutions the same thing occurs. I do not believe it possible to discriminate such an appearance from an albuminous coagulum. I have in a large number of cases tried the aceto-carbolic solution side by side with the well-known tests for albumen in suspected albuminuria. The indications have been utterly contradictory, and I cannot but advise that the carbolic acid (so-called) test be discarded.

"Moreover, I would refer to an entirely independent opinion. In the *American Journal of the Medical Sciences* for July, 1872, Dr. Bill gives an able *résumé* of an extended investigation of carbolic acid, its properties, uses, etc. He says—"It is pretty generally accepted that carbol" (the term he uses for carbolic acid) "precipitates albumen, and this supposed property of carbol has even been proposed for employment as a test for albumen and the like, in place of nitric acid. Our results are opposed to this view." He considers it established that carbolic acid in the cold forms no compound with albumen, and when carbolic acid does precipitate albumen it is by abstracting its water."

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The present book is a result of his work in this direction, and is well calculated to do credit to his perseverance in collecting facts, and his judgment in arranging them in an entertaining, as well as a practical form. It is but rarely that we have had offered us so much practical information in so agreeable a manner as is done by Dr. Pavy in the present instance.—*New Remedies*, July, 1874.

We can very cordially commend the book to our readers.—*Brit. and For. Med.-Chir. Review*, Oct. 1874.

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CONTENTS.

CLINICS.

CLINICAL LECTURES.

Lecture on Pyæmia 17
Paraplegia of Pott's Disease 22

HOSPITAL NOTES AND GLEANINGS.

Pericarditis with Effusion; Aspiration of Pericardium; Immediate Relief and Ultimate Recovery 23
Penetrating Wound of the Abdomen, with protrusion of three feet of small intestine; treated by ice, carbolic oil, and opium; recovery without peritonitis 24
Trifacial Neuralgia of the right side; loss of taste in the right side of the tongue; loss of sight and of the sense of smell on the same side 24

MEDICAL NEWS.

Domestic Intelligence—Passage of Scissors through the Abdominal Walls after being Swallowed 24
Diphtheria 25
Library of the College of Physicians of Philadelphia. 25
The Preston Retreat 25
The Children's Hospital 26
Dr. T. G. Thomas on the Diseases of Women. 26
The Weather in Philadelphia during 1874 . 26
Long Abstinence 26
Obituary Record 26
Foreign Intelligence—Death from Chloroform 27
Death from Methylene 27
Recurrence of Measles four weeks after a First Attack 28
Infusion of Myrtle 28
Subcutaneous Injection of Carbolic Acid in Traumatic Erysipelas 28
Capillary Puncture of the Bladder . . 28
The Causation of Scarlet Fever . . . 28
The Prevention of Sea-sickness . . . 29
New Liniment for Scabies 29
Hydrate of Chloral as an Antiseptic and Disinfectant 29
Comparative Effects of Sea and Mountain Air. 30
Sanitary Value of Iron Water-Pipes . . 30
Invalid's Kitchen at Leeds 30
Inoculation with Bee Poison 31
Obituary Record 31
STOKES ON FEVERS . . . . . 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Lecture on Pyæmia. B. W. MOXON, M.D., Physician to Guy's Hospital.

The cause of death after great wounds or extensive sores or gangrene was formerly little inquired into; it was ascribed to shock, fever, or suchlike vague considerations. But when post-mortem examinations were made, it was found that internal inflammations are present under these circumstances, and often are evidently sufficient to produce a fatal result. These inflammations, however, are of a peculiar kind. Their most marked feature is a tendency to the rapid formation of pus; hence it was natural to think that the pus had been taken up from the wound or sore, and lodged in the internal part where it was found; and thus the earliest and simplest notion of pyæmia arose. But it soon became evident that the pus in the internal parts is formed by inflammation, and is not simply conveyed there; for the inflammatory process is evident around and in the puriform collection.

The idea and word "metastasis," or transference of a diseased process to a new seat, here lay ready for employment; and, indeed, this vague term still serves a useful purpose in expressing the shifting of a diseased action from one place to another. Still such vague ideas, if accepted as sufficient, repress inquiry; and we must, here as elsewhere, take the facts of the disease,

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and the results of experimental inquiries which may throw light on its actual nature. Such, indeed, has been the course pursued; and now we are in this position, that we have two distinct departments of facts bearing on the question of pyæmia: the facts from human morbid anatomy, and those from experiments on animals.

To take the latter first. Many distinguished observers have studied the effects of injecting putrid matter into the veins or cellular tissues of dogs and other creatures; the result is, the literature of "septicæmia." But the bearing of this on our knowledge of pyæmia is not as yet very direct; for by such experiments we do not generally produce those suppurations that are characteristic of pyæmia as met with in the post-mortem room. The animals experimented on either recover, with or without grave symptoms; or die, generally with diarrhœa and collapse, when the alimentary canal shows, on inspection after death, signs of inflammation, and there are congestions, ecchymoses, or inflammations in the lungs and other organs.

It has been said by Dr. Burdon Sanderson that the poison of pyæmia increases in intensity of action in animals successively inoculated with it one from the other; so that an animal inoculated with matter from the peritoneum of a former victim, just dead of disease caused by inoculation with bacteriferous septic matter, will suffer more violently and die quicker than the first victim; and a third animal inoculated from the second will die yet quicker. So that it appeared to Dr. Sanderson that the poison was capable of intensification by a sort of cultivation. These experiments were repeated by Dr. Goodhart acting with us, but we have, so far, not been able to confirm those results. A first dog died when bacteriferous fluid was injected into the peritoneum; but the second dog, when injected with fluid from the first dog's peritoneum, survived, with but slight symptoms.

I have, with Dr. Goodhart, examined the blood in many living cases of pyæmia, grave erysipelas, etc., without finding any bacteria in it. In making such an observation, one must remember that the blood is apt to contain minute particles, similar to the fat-molecules of chyle; and it requires a microscope of excellent defining power to observe these, and distinguish them from bacteria. Such particles you may not infrequently find in the blood of dyspeptic persons; we have found them in some excess in typhus and other fevers, but never in such quantity as to draw a marked distinction from dyspeptic cases. We have not as yet succeeded in discovering any bacteria in the blood of living pyæmic cases; they are often seen in the discharges of open wounds; we have not yet found them in matter from a hitherto unopened abscess in a living person. They quickly appear after death; and in post-mortem examination, made a few hours after the patient's decease, we have found enormous quantities of bacteria, both in the products of inflammation and to a less degree in the blood. We have seen appearances that would indicate, but not quite certainly, that the bacteria arise from disintegration of white blood-cells or of pus-cells. What part these bacteria play in the causation of septicæmia is as yet uncertain, but there is no inquiry which is of greater interest than this question, nor any that promises more valuable scientific and practical results.

In my experience of deaths from wounds, sores, etc., I have not met with any class of cases that at all closely correspond to these results of experiment by showing enteric disorder, collapse, and quasi-choleraic phenomena. So that I think it is better at present to regard the history of the experiments on animals that I have alluded to as a distinct branch of the history of septic infection, whose bearing on clinical pyæmia is as yet a problem requiring solution.

But if we take the morbid appearances in the human body after death from grave wounds and sores, these form a very definite series, one to which the term "pyæmia" properly applies. I will not describe the well-known appearances of the changes in each individual organ, but will now only consider their distributions in the body, and their general features, so far as will serve to give a view of the nature of the disease. The most frequent

seat of the abscesses is in the lungs, and, as these organs receive the blood from all parts of the body, this at first favours the idea of a simple transfer of the pus or of some cause of pus in the blood from the sore to the lung. In other cases the liver is especially affected, and it is interesting to notice that in these cases the sore is generally in the alimentary canal, from which the liver draws its blood. These two facts raise a very strong presumption that the cause of the pyæmic suppuration in the lung and liver is the introduction of pus, or of a pyogenic something, into these organs from the sore. The proof of this is rendered absolute *in some cases* by our finding in the pulmonary artery, in the lung, or in the portal vein in the liver, a portion of purulent clot, while the veins of the sore contain similar clot; and in all cases the peculiar strict circumscription of the pyæmic inflammatory affection in the lung or liver corresponds suggestively with the like limitation of the distribution of individual branches of bloodvessels in the parenchyma of the organs, thus indicating a dependence of the local disease on some occurrence proper to the vessels.

In some cases no doubt can exist that the lung or liver is thrown into inflammation by the advent of a purulent embolus actually found in the vessels; and thus we have a sufficient explanation of the suppurations in those cases of pyæmia. They arise from embolism, and some would therefore speak of *embolic pyæmia*. We will consider the propriety of this presently. Others, especially in Germany, go so far as to hold that all secondary abscesses arise thus from embolism, and so make all pyæmic suppurations a department of embolism. This we shall see at least the following reasons to think is not correct.

Thus, if we observe the *position* of the pyæmic abscesses in the lung, we find that a very great part of them are limited to the lower lobe, or to the dependent part of the upper lobe, if any at all are present in it; while the ascendent part of the upper lobe is generally quite free, and when affected has far fewer than the lower one: for example, in one instance, out of many, the lower lobe contained thirty-three abscesses, the upper only three. Now if the suppuration depended only upon the casting of emboli into the pulmonary vessels, it would be more likely that the upper lobes would suffer; because, when a person is lying in bed, the breathing, and consequently the circulation in the lung, is freer in the upper part, so that thither the emboli would mostly be carried. Again, although the lung is more usually affected in pyæmia than other organs, yet sometimes you find pyæmic abscesses in the liver, etc., as after injuries to the head, when there are no abscesses in the lung. Yet any pyogenic matter must get through the lung on its way from the head to the liver; and one knows no mechanical reason why matters which have passed the pulmonary should stick in the hepatic capillaries. Again, it is yet more frequent to meet with cases, generally more chronic in their course, where the abscesses all form in the external parts of the body—that is, in the teguments, in the muscular tissue, joints, etc. Such cases may recover through the freedom of the viscera from implication. The affection of the joints is often so marked as to justify the term *rheumatoid pyæmia* as applicable to these; and when we consider that through the medium of gonorrhœal rheumatism and scarlatinal rheumatism, these cases are linked to rheumatic forms of arthritis, we find ourselves getting a long way off the embolic pathology we have just described, because *the regions attacked are not such as are exposed to embolism;* and when, again, we know that cases of pyæmia occur entirely without any kind of wound or sore—I have now seen several cases of idiopathic pyæmia where the most careful search showed the absence of any primary sore—then we find ourselves in another way deprived of the embolic theory—i. e., *because there is no showing any source for the emboli.* Lastly, we must remember that some kinds of pyæmia appear to elect proper seats of secondary suppuration, especially the pyæmia which follows suppurative periostitis, and which produces abscesses in the heart and kidneys, usually without affection of the liver; while, on the other

hand, injuries of the cranium, affecting its sinuses, often produce abscess of the liver. Again, pyæmia after typhoid tends to affect the salivary glands; that after scarlatina to affect the joints.

The above facts, taken severally, show that embolism is not the only cause of pyæmic suppuration; taken together, they go far to reduce embolism to the dimensions of one incident, which, among others, determines the localization of pyæmia on special points.

Now, nothing can be more satisfactory than the history of embolism; we can so well understand how a clot from a suppurating part may be moved on from that part, to set up the same suppuration elsewhere, that the clearness of our knowledge of the incident wants nothing. When, however, we take the rheumatoid cases, which affect chiefly the joints, or other numerous cases where without discoverable emboli the lower lobes of the lungs are chiefly affected, the explanation is not so clear and suffers by the contrast.

Many facts go to show that an impure state of the blood produces greater effects when there is stagnation of it. This is plainly indicated by the position of the abscesses in the dependent part of the lung; but the same truth is also shown by the suppuration of the veins in which thrombi have formed. This I have seen in several marked instances, especially about the prostatic plexus, or behind the valves of the great veins, or in the cranial sinuses. Here the explanation is almost as clear as that of embolism; for it is certain that, when the blood is impure, the impurity will be increased by accumulation where it ceases to circulate, since the effect of circulation is to bring the blood under the action of purifying organs. This we see is so certain that the explanation of the occurrence of suppuration in dependent and stagnant situations is almost as secure as that of embolism; and it is quite possible that the two conditions may coexist, so that *when small emboli are sown broadcast in the vessels of the lungs, those which lodge where the blood is purified freely in the upper part of the lung may not be able to excite suppuration;* while those which stay in the stagnant lower lobes already œdematous and scarce breathing at all, suffice to arouse the inflammatory process.

From these considerations it would seem that, if we may use the term "embolic pyæmia" as signifying cases where embolism is proved to occur, then we may also use the term "stagnative pyæmia" to indicate the formation of abscesses by the stagnation of poisonous matter within coagula in the affected part. The other cases I have alluded to, where the joints, kidney, or liver are especially selected, are not at present susceptible of more than such hypothetic suggestions as that the poison has a natural affinity for the parts that are inflamed. For when we neither have the embolus nor stagnation to explain the local affections, as in cases of the special disorder of the joints in rheumatoid pyæmia, the glands after fevers, the kidney and heart after suppurative periostitis, then we are obliged to assume an attraction between the part affected and the pyogenic matters in the blood. Of course this is unsatisfactory when compared with the clearness with which we can follow the embolus in its course, or anticipate the effects of the stagnation; but it is the best that we can do at present to consider the fixation of pyæmia in the joints as analogous to the fixation of smallpox in the skin and of typhoid in the intestine.

After this general survey of the indications of its morbid anatomy, we must regard pyæmia as made up of blood disease and local inflammations. We can trace several ways in which the blood disease and local inflammations are related to each other.

Firstly. The general disease may greatly predominate, so that the blood becomes unviable, and death occurs with signs of blood poisoning, revealed during life in the form of high fever and rapid fatal exhaustion, and after death by softening of the great viscera and extravasations of blood and ecchymoses within the tissues, no local suppurations being found.

Also, here we must remember that some cases of pyæmia of a most characteristic kind are found without any kind of sore whatever; we should not say this so strongly unless we had, in several instances,

searched with the utmost care through all parts of the body and found no primary disease.

But, in many cases, such pyæmia as this is traceable to the contagion of fevers —such as scarlatina and diphtheria. It is especially to the pyæmia of the puerperal state that this applies. The result of Dr. Hicks's observations showed that, in by far the majority of cases of puerperal fever, the patient has been exposed to contagion of some known fever. The existence of a proper pyæmic contagion is a matter much contested at present; and there is a further contest, among those who would admit such a contagion, upon the question whether the poison enters by the wound or by the natural surfaces of the patient. Such facts as Dr. Hicks has adduced would show that contagion, in some cases at least, is introduced as in other fevers; while the at least partial success of Lister's antiseptic plan of treating wounds would suggest that the wound itself is a principal entrance for some pyæmic contagions. It will naturally be thought that the pyæmia arising from scarlatinal poison is not properly pyæmia at all; but, in the present state of the inquiry, Dr. Hicks's evidence would show that, if it is not so, such fever is at present confounded with pyæmia; in other words, that clinical pyæmia *now* includes many cases of various forms of fever, modified by the products of a suppurating, placental, or other sore.

Secondly. In another kind of pyæmia the wound or sore produces a morbid matter, which is absorbed, and so poisons the blood. It is probable that the pyrexia of surgical fever is principally caused by the absorption of the products of the wound; so that this kind of pyæmia is allied to common surgical fever. The prevention of putrefactive changes in the discharge of the wounds averts the danger of pyæmia from this cause; and the success of the antiseptic method shows sufficiently the importance of this source of blood poisoning. It creates, however, only one kind of pyæmia, characterized by its appearing later, and running a more chronic course, with secondary suppurations.

It is believed by some that there is a pyæmic *contagion*, which acts first upon the wound, and enters the system there; but further observations are required to substantiate this hypothesis.

Thirdly. In some cases that go by the general name pyæmia, the whole affection is confined to the formation of purulent thrombi in the veins, and the conveyance of these to the lungs as emboli, where they set up secondary suppurations. Such a process is too simple and clear to need further remark.

In these three divisions, each of which is represented by some unquestionable cases, we have three *kinds* of pyæmia—kinds, that is, in the sense that they are disorders of an entirely distinct nature. But I would wish you to notice that they are not different kinds in the sense of being incompatible or neccessarily alternative; far otherwise: they may all coexist. It is quite possible that a wounded person may breathe the contagion of a fever or some other foul matter, his blood thus becoming poisoned; and that, as a consequence of this, the secretions of his wound may be more putrescible, thus producing noxious matter that is absorbed into the blood, adding another depraving element, whose tendency is to set up remotely the condition present in the wound; and again, that the low state to which nutrition is reduced may render the veins vulnerable, so that these inflame, and produce purulent thrombosis, from which embolism conveys portions to start abscesses elsewhere. And although I do not prefer the lumping together of distinct alternatives into one view, yet it is probable that, in the genesis of pyæmia, this association of distinct elements in its causation actually does occur; and that pyæmia is first started by a depraved state of the blood, and that this reacts on the wound, causing in itself and in the vessels around the putrefactive and phlebitic changes which lead to those internal suppurations which give to pyæmia its distinctive characters and its name.

The view I have given, then, may be thus summed up: Simple embolism, of purulent absorption, or general fever due to contagion, severally form distinct varieties of what is called pyæmia; but in

many cases, perhaps the majority, all these conditions exist together.—*Lancet*, Nov. 14, 1874.

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Paraplegia of Pott's Disease. — M. Charcot, in a recent clinical lecture at the Salpêtrière, remarked, that the paraplegia which often accompanies Pott's disease has been attributed to the compression of the cord by the curved spine. In the great majority of cases this is an error; in fact, all these curvatures are not accompanied by palsy, and it is not the most decided curvatures that are complicated by it; while, on the other hand, the paraplegia may exist before any curvature has taken place. Lastly, in a good many patients who have both the paraplegia and the gibbosity, the former is cured without the latter undergoing any modification. Pott himself believed in this independence of the two affections, and the recent researches of M. Charcot and his pupil, and M. Michaud, have established the correctness of his views, and established the nature of the morbid process which precedes and explains the paraplegia.

According to these researches, there takes place in Pott's disease a "caseous osteitis," an osteitis which gives rise to true abscesses which distend the vertebral ligament, and in the end rupture it. The caseous matter is then spread along the spinal canal through the medium of the conjunctive tissue which separates the vertebral ligament from the dura mater, to which the Germans have given the name of *peri-meninge*. Under the influence of the contact of this matter the dura mater becomes inflamed and thickened (*pachymeningite caseuse*) and gives rise to a kind of growth which compresses and strangles the spinal cord. At this point the cord in its turn becomes inflamed, and a true *sclerosis* is produced, with a more or less complete destruction of the nervous tubes. Thus, Pott's disease (save in exceptional cases of compression by the gibbosity or by a scale of bone) is a myelitis. And what is of interest to note is, that the lesions of the medulla, however considerable these may be, are not irreparable, and that the destroyed nervous elements may be reproduced, if not entirely at least sufficiently to re-establish the communication between the two segments of the cord, and consequently to restore sensibility and motion to the paralyzed limbs.

Recovery from paraplegia in Pott's disease is not an exceptional occurrence, but almost the general rule. It takes place spontaneously, but may be hastened by appropriate treatment; and this treatment consists in the application of caustics opposite the gibbosity, and on each side of the spinal column, as already recommended by Pott. This is a purely empirical procedure; but its efficacy is too well established to allow of our depriving patients of the benefit it produces on this ground. M. Charcot prefers, however, the application of a small actual cautery, and a remarkable instance of its efficacy was narrated at the lecture. A Polish girl, aged fifeeen, was sent from Warsaw to be under M. Charcot's care, and on passing through Berlin was seen by Langenbeck, who was informed of M. Charcot's intention to apply the actual cautery. He strongly dissuaded her parents from allowing this to be done. Nevertheless she came to Paris, and after a second application of the cautery she was able to walk, and a fortnight afterwards she paid a second visit to Langenbeck, furnishing him with an irresistible proof that empirical treatment when accepted and wielded by men of science has its favourable side also.

It must not be supposed that this treatment succeeds as well in ordinary myelitis as in that which accompanies Pott's disease. Far from this, very serious accidents may result here from its employment. It is not very rare to find patients declaring that they have been able to walk a little until this treatment was applied, after which time they entirely ceased to be able to do so.

After the lecture M. Charcot exhibited several patients the subjects of Pott's disease, who after having for some time suffered from paralysis, had recovered the use of their limbs consequently on two or three applications of the cautery. In most of these the paraplegia had existed for eighteen months. In none of them

had there been congestive abscess. It sometimes happens that in the subjects of paraplegia the thigh becomes flexed on the pelvis, and the leg upon the thigh, the muscular contractions being so great that the patients are unable to walk even after the paraplegia has been cured. This inconvenience may be remedied by tenotomy.—*Med. Times and Gaz.*, Dec. 26, 1874.

HOSPITAL NOTES AND GLEANINGS.

Pericarditis with Effusion; Aspiration of Pericardium; Immediate Relief and Ultimate Recovery.—Mr. T. H. Bartlett, Surgeon to the General Hospital, Birmingham, records (*Lancet*, Dec. 19, 1874) the following very interesting case:—

Dr. Harvey, under whose care the case is, reports that the patient, Henry H., aged twenty, had been for fourteen days suffering from acute rheumatism, but under his care for four days only. Symptoms of pericarditis were observed on Dr. Harvey's first visit. On Nov. 13th he found the patient suffering from urgent dyspnœa. There was a considerably increased area of cardiac dulness and marked failure of pulse. At noon on Nov. 13th Dr. Russell saw the patient with Dr. Harvey, and reports: Very feeble and rapid pulse: very rapid breathing; much dyspnœa.

Cardiac dulness extended to one inch to the right of the sternum, and to the upper border of the first rib above, though here the dulness was not complete. The limit of the dulness on the left side was uncertain, owing to effusion in the chest. On auscultation, the heart-sounds were very feeble and distant; no friction-sound. There was a faint mitral bruit. The character of the heart-sounds was not affected by posture. The impulse of the heart could not be felt, otherwise than as an ill-defined movement of the chest-wall at the region of the apex, spreading over a space the size of a crown-piece. The history of cardiac disorder at a former period suggested the possibility of pericardial adhesion.

At 8 P. M. on Nov. 13th aspiration was performed. A No. 2 aspirator needle, unguarded, was used. This was passed in the intercostal space between the fourth and fifth ribs, two inches to the left of the central line of the sternum. The needle was used as an exhausted needle; and directly the pericardium was penetrated, as shown by fluid freely passing into the aspirator, the point of the needle was pressed up against the chest-wall as closely as possible. The fluid flowed freely to fourteen ounces, and then stopped flowing. It was deeply tinged with blood, and deposited speedily a scanty coagulum, and subsequently a layer of blood débris. The supernatant fluid, still somewhat tinged, has a specific gravity of 1024.

During the latter part of the operation it was noticed by all present that the needle could be felt when held by the finger to be moved with the contraction of the heart. The patient was breathing deeply from pain or excitement, and thus prevented any cardiographic movements of the needle being *seen*. During and for half an hour after the operation the patient complained of severe aching pain. This ceased after a dose of fifteen minims of liq. opii. After the operation the line of dulness had receded to close upon the middle line of the sternum. The subclavian dulness had not disappeared, but was much less marked.

Nov. 14. Had passed a good night Dr. Harvey thought the dulness a little increasing.

15*th.* Reported considerably better. Lying down with ease; no dyspnœa; marked improvement in his look; pericardial dulness hardly reaches the right edge of the sternum. The first and second intercostal spaces are clear; third rib partly so.

Dec. 3. Dr. Harvey reports that pericardial dulness has nearly disappeared, and the pleuritic fluid has been mostly absorbed. Now that the heart-sounds can be plainly heard, a loud regurgitant mitral sound is developed.

10*th.* Dr. Harvey reports to-day that the patient is able to sit up and walk about in the house.

Remarks.—This case shows the ease and safety with which paracentesis pericardii can be performed, for the relief of

urgent symptoms resulting directly or indirectly from pericardial effusion. There was no difficulty in the operation itself, nor was there any subsequent symptom to mar the steady progress of the case to recovery. One point more is of especial interest—namely, that no peculiar or unfavourable importance need be attached to a free admixture of blood with the fluid withdrawn.

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Penetrating Wound of the Abdomen, with protrusion of three feet of small intestine, treated by ice, carbolic oil, and opium; recovery without peritonitis.—Ass. Surg. Cheytun Shah reports the following case of this. A woman, at 4 A. M., June 23, was stabbed in her belly on the right side, nearly midway between the ribs and crest of the ileum. Small intestine, nearly 3 feet, protruded through the wound, which measured 3½ inches in length. She was brought to the Peshawur City Charitable Dispensary four hours after infliction of the injury, with the intestine strangled, congested, and slightly lacerated, probably by some unskilful attempts at its replacement. The pulse was very low, and the patient in great danger. The intestine was replaced after enlarging the original wound, and ice applied to the part. Opium was administered internally at regular intervals, so that the pain was subdued, and not allowed to be felt. No indication of inflammation appeared, and on the second day carbolic oil was substituted for the ice. No untoward symptom followed, excepting slight costiveness of the bowels, which was complained of, but was not interfered with for the first four days, after which, however, they were moved.

The wound healed favourably with little suppuration, and the woman was discharged cured after about three weeks' residence in hospital.—*Indian Med. Gaz.*, Nov. 2, 1874.

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Trifacial Neuralgia of the right side; loss of taste in the right side of the tongue; loss of sight and of the sense of smell on the same side.—An interesting case of this, in a man 32 years of age admitted into the Lariboisière Hospital, is recorded (*Le Progrès Médical*, Dec. 5, 1874) by M. Fioupe, Interne des Hôpitaux. On post-mortem there was found carcinoma of the dura mater which so compressed the Gasserian ganglion that it was impossible, notwithstanding the most minute dissection, to trace the branches given off from it. It was only at their point of emergence from the tumour that the ophthalmic branch and the superior and inferior maxillary nerves could be made out, and their course from this traced.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Passage of Scissors through the Abdominal Walls after being Swallowed.—Dr. H. B. Sands (*New York Med. Journ.*, Dec. 1874) exhibited at a late meeting of the New York Pathological Society a scissors five inches long, which had been swallowed by a patient in a lunatic asylum. The history of the case was given him by Dr. Edward Farrel, of Halifax, N. S., and was substantially as follows:—

The patient was afflicted with suicidal mania, and stated that she had swallowed a scissors, but, inasmuch as she was addicted to lying, she was not believed. Some time after this she complained of pain in the right side above the umbilicus, and to the right of the median line. A tumour appeared, which was poulticed; an ulcer formed, and it was then found that the points of the scissors were protruding. Sponge-tents were introduced to enlarge the opening, but, from threatened peritonitis, their use had to be abandoned. From this opening intestinal and biliary matters came away, which showed a communication with the pyloric extremity of the stomach, if not the small intestine. It was found that the scissors, as presenting, could not be removed; but by unfastening the rivet, one blade, then the other, was successfully removed. The blades were five inches long and three-fourths of an inch wide.

Twelve hours after the exit of the last blade, there was no trace of biliary or intestinal matters, and in two days the wound had completely healed up, and very shortly after she was perfectly well.

The patient also stated that she had

swallowed the plug of a bath-tub some time previously, and found it to pass by the rectum without any difficulty.

—

Diphtheria.—The Board of Health of New York has published (*Medical Record*, Jan. 9, 1874), for popular information, the following precautions which should be observed wherever diphtheria prevails:—

Precautions—(*a.*) *The Dwelling or Apartment.*—Cleanliness in and around the dwelling, and pure air in living and sleeping rooms, are of the utmost importance where any contagious disease is prevailing, as cleanliness tends both to prevent and mitigate it. Every kind and source of filth around and in the house should be thoroughly removed; cellars and foul areas should be cleaned and disinfected; drains should be put in perfect repair; dirty walls and ceilings should be lime-washed, and every occupied room should be thoroughly ventilated. Apartments which have been occupied by persons sick with diphtheria should be cleansed with disinfectants; ceilings lime-washed, and woodwork painted; the carpets, bed-clothing, upholstered furniture, etc., exposed many days to fresh air and the sunlight (all articles which may be boiled or subjected to high degrees of heat should be thus disinfected); such rooms should be exposed to currents of fresh air for at least one week before reoccupation.

(*b.*) *When Diphtheria is Prevailing.*—No child should be allowed to kiss strange children nor those suffering from sore throat (the disgusting custom of compelling children to kiss every visitor is a well-contrived method of propagating other grave diseases than diphtheria); nor should it sleep with nor be confined to rooms occupied by, or use articles, as toys, taken in the mouth, handkerchiefs, etc., belonging to children having sore throat, croup, or catarrh. If the weather is cold, the child should be warmly clad with flannels.

(*c.*) *When Diphtheria is in the House or in the Family.*—The well children should be scrupulously kept apart from the sick in dry, well-aired rooms, and every possible source of infection through the air, by personal contact with the sick, and by articles used about them or in their rooms, should be rigidly guarded. Every attack of sore throat, cough, and catarrh should be at once attended to; the feeble should have invigorating food and treatment.

(*d.*) *Sick Children.*—The sick should be rigidly isolated in well-aired (the air being entirely changed at least hourly), sunlighted rooms, the outflow of air being, as far as possible, through the external windows by depressing the upper and elevating the lower sash, or a chimney heated by a fire in an open fireplace; all discharges from the mouth and nose should be received into vessels containing disinfectants, as solutions of carbolic acid, or sulphate of zinc; or upon cloths which are immediately burned; or if not burned, thoroughly boiled, or placed under a disinfecting fluid.

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Library of the College of Physicians of Philadelphia.—We are happy to be able to state that the report of the Library shows an unusually large increase during the past year, 1293 volumes having been added, of which number 694 were contributed to the Lewis Library by its munificent founder. Among the acquisitions during the past year may be mentioned the Journal Complementaire, 43 vols.; Henke's Zeitschrift, 103 vols.; Journ. Kinderkrankheiten, 53 vols.; Deutsche Klinik, 64 vols.; Provincial Med. Journal, 15 vols.; London Med. and Physical Journal, 64 vols.; Dublin Med. Journal, 24 vols.; Callisen's Medicinisches Schriftsteller-Lexicon; Proceedings of the Royal Society, 19 vols.; the Anatomies of Albinus, Hawkins, and Rosenmueller; the works of Sennertius; Lavater on the Physiognomy; a number of British Blue Books, and a collection of works on the Diseases of the Eye.

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The Preston Retreat.—It appears from the report of Dr. William Goodell, Physician-in-charge, that during the past year, 136 women were admitted into this well-managed institution, and with 13 remaining from the previous year make a total of 149. The number of births was 141, of which 86 were males and 55 females, including three pairs of twins. The

total number of patients admitted since the house was first opened is 811.

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The Children's Hospital.—It appears from the annual report of the managers of this most useful charity that 148 patients were admitted, and 185 cases treated during the past year. There were 4422 cases treated at the dispensary, a large increase over previous years. We regret to learn from the treasurer's report, that the hospital is in need of additional funds. There is no institution which more strongly merits than this the aid of those having the means and the disposition to promote charitable objects.

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Dr. T. G. Thomas on the Diseases of Women.—This work has been translated into German and French, and it is stated, we are pleased to see, that an edition in Spanish and one in Italian are in preparation.

—

The Weather in Philadelphia during 1874.—The following is a record of the state of the thermometer and of the rain-fall for each month of the year 1874, as compiled from the records kept at the Pennsylvania Hospital. In the following table are given the highest and lowest points reached by the thermometer in each month of the year, as compared with the corresponding months of the two preceding years:—

Months.	Highest.			Lowest.		
	1874.	1873.	1872.	1874.	1873.	1872
	deg.	*deg.*	*deg.*	*deg.*	*deg.*	*deg.*
January,	65.5	59.	48.	11.	2.	10.
February,	72.	47.	54.5	12.	1.	13.
March,	66.	62.	62.	29.	8.	6.
April,	66.	70.5	85.	24.50	36.5	33.
May,	86.	89.	91.	38.	47.	44.
June,	97 5	95.	94.	55.	51.	58.
July,	94.	96.5	98.	64.	62.	70.
August,	93.5	93.	97.	58.	61.	58.
September,	89.	90.5	95,	53.	48.	53.
October,	72.	80.	80.	39.	34.5	37.
November,	61.	60.	59.5	26.	23.	15.
December,	55.	67.5	48.5	14.	19.5	5.
Year,	97.5	96.5	98.	11.	1.	5.

The mean temperature of the month of December, 1874, was 36.08 degrees; December, 1873, 38.37 degrees. The average mean temperature for the month for a period of 37 years is 34.7 degrees.

The mean temperature of the year 1874 was 54.08 degrees; for 1873, 53.86 degrees; average of the means since 1825, 53.55 degrees. The warmest year recorded during this period of 49 years was 1870, the mean temperature being 56.83 degrees; the coldest year of that period was 1836, having a mean of but 49 degrees.

The total rain-fall during the year was 38.088.

The average rain-fall during a period of thirty-seven years is 46.13 inches. The highest rain-fall during that period was in 1867, when 60.06 inches fell, and the lowest on record was in 1825, when but 29.5 inches fell. The greatest quantity of rain that has fallen in any one month was in August, 1867, when 15.81 inches fell. The least was in September, 1846, amounting to only .25 inch.

The coldest day recorded in 1874 was the 16th of January, the thermometer marking 11 degrees. The warmest was June 29th, reaching 97.5 degrees.

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Long Abstinence.—Dr. A. A. Whitney records (*Peninsular Journal Med.*, Jan. 1875) a case in which a man 75 years of age, during a sickness of seven weeks, took and retained only about two ounces of solid food, and a similar amount of liquid nourishment. There were varying periods of from ten to eighteen days, when absolutely nothing but water and ice was taken. On post-mortem an inch of fat was found over the abdomen at the umbilical region, and the intestines and omentum were covered with fat.

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Obituary Record.—Died, at Detroit, on the 18th of December, 1874, in his fifty-fourth year, Richard Inglis, M.D, Prof. of Obstetrics in the Detroit College of Medicine, and formerly President of the Michigan State Medical Society.

——— On the 11th of December, 1874, in the 55th year of his age, James Van Zandt Blaney, the founder of the *Chicago Medical Journal*, and for many years its editor.

FOREIGN INTELLIGENCE.

Death from Chloroform.—A young lad, aged 14, died on the 15th inst., at the Royal Free Hospital, whilst under the influence of chloroform. Mr. F. J. Gant, surgeon, said, that when the deceased was admitted, it was thought that the hip had been dislocated. When he examined the lad, it gave him great pain. He ordered Mr. Thompson, house-surgeon, to administer chloroform. The chloroform was administered for about two minutes, during which time about sixty drops were inhaled. The deceased seemed to be half sensible; and on looking round, they saw the lad fainting, and in a dangerous state. Silvester's respiratory method and galvanism were applied, but without effect, for the lad died at once. A *post-mortem* examination was made. All the organs were sound. The cause of death was syncope from the effects of chloroform. A verdict of death from misadventure was returned.—*Brit. Med. Journ.*, Dec. 19, 1874.

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Death from Methylene.—On Dec. 17, a death occurred at the Royal London Ophthalmic Hospital from the administration of bichloride of methylene. The patient was a woman aged twenty-five, suffering from fistula lachrymalis and caries of bone in the neighbourhood of the lachrymal sac. A week previously the upper canaliculus had been laid open, together with a part of the outer wall of the sac, and a probe of large size was passed down the duct through an obstruction at its upper part. On that occasion the patient took methylene without any unfavourable symptom. On Tuesday two attempts were made by Mr. Couper to pass the probe, but as the patient seemed unable to endure the pain, it was thought advisable to have recourse to an anæsthetic. Bichloride of methylene was administered in the usual way by Mr. Buller, who for the last two years has been accustomed to administer this agent almost daily at the hospital, by means of a perforated leather inhaler covered with flannel. Three drachms by measure were poured into it (the ordinary quantity for an adult being four drachms). At the end of about two minutes after the inhaler had been placed over the mouth and nose of the patient, her breathing suddenly became loud and stertorous. The anæsthetic was at once discontinued and the operation commenced. When the inhaler was removed the lips and cheeks were ruddy, but an unusual pallor of the alæ of the nose and skin around the mouth was noticed. The respiration, however, continued deep, full, and exaggerated. The inspirations were accompanied by loud palatal stertor, and the nostrils were observed to be flaccid, but there was no impediment to free access of air to the lungs. Some seconds afterwards the pulse at the wrists rapidly failed, and then ceased almost suddenly, but the respiration continued for some time, and then failed rather suddenly. The tongue was immediately dragged forwards with forceps, and artificial respiration, by Silvester's method, established. The lower limbs and pelvis were at the same time gently raised from the couch, so as to favour gravitation of blood towards the brain. The face and breast were smartly slapped with a wet towel, and ammonia was applied to the nostrils. A strong solution of brandy and ammonia was thrown into the rectum as soon as possible, but was imperfectly retained, owing to relaxation of the sphincters. Artificial respiration was continued for forty minutes, but, with the exception of two or three sighing inspirations at intervals within the first few minutes, no sign of returning life was shown.—*Lancet*, Dec. 19, 1874.

In the succeeding number of the *Lancet*, in commenting on this case, Mr. George Pollock asks the very pertinent questions: "Is it not time that the profession should determine to discountenance and discontinue the use of chloroform and other dangerous anæsthetics, and have recourse alone to the administration of ether in operations of any duration?"

"If chloroform often kills, if bichloride of methylene is occasionally fatal, if the inhalation of ether is safe, is it not almost criminal to have recourse to the use of anæsthetics known to be attended by risk, in preference to one in which there is comparatively no element of danger?"

We are glad to learn from Mr. Pollock that, in his private practice, ether is the sole anæsthetic he uses, and that at St. George's Hospital the administration of chloroform has been long discontinued, and ether has been substituted.

—

Recurrence of Measles Four Weeks after a First Attack.—A child of fifteen months (recorded by Dr. L. Faye in *Deutsche Klinik*, No. 24, 1874) was attacked with measles at the same time as a great many other children. The attack was a very mild one, and lasted only seven days. A month after the first attack a second eruption, of the same mild character, showed itself. In connection with this case the author mentions that, at Christiania, Bidewsky observed a like relapse after fifteen days' interval, and Taulon after three weeks. Similar facts have been observed with scarlet fever. The explanation of these facts is rather difficult, as the idea of a new infection can scarcely be admitted.—*Lancet*, Jan. 2, 1875.

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Infusion of Myrtle.—Dr. Delioux De Savignac recommends (*Révue Medico-Photographique*, Oct. 1874) this as a useful and agreeable injection in leucorrhœa. The berries or leaves, containing both essential oil and tannin, are the best parts of the plant for this purpose. From ten to fifteen grammes should be infused in a litre of boiling water, and, if powerful astringent action is desired, from twenty to thirty grammes may be used. The injection should be used cold or tepid, and in large quantities (three or four litres), and thrown up as high as possible. The application is much liked by women on account of its pleasant odour.—*Med. Times and Gaz.*, Dec. 26, 1874.

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Subcutaneous Injection of Carbolic Acid in Traumatic Erysipelas.—Dr. Hirschberg relates (*Berlin Woch.*, Nov. 30) the case of a slaughterman who accidentally cut his upper arm, the wound being about five inches long, and penetrating the muscles. A good deal of venous hemorrhage followed. On the second day a bad attack of erysipelas of the arm came on. A two per cent. solution of carbolic acid was injected subcutaneously at the upper boundary of the erysipelas, and next day all traces of erysipelas had disappeared. The injections were repeated five times within the next three days, and the wound healed far more rapidly and with much less suppuration than could have been expected.—*Med. Times and Gaz.*, Dec. 16, 1874.

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Capillary Puncture of the Bladder.—M. Fochier, at a recent meeting of the Lyons Society of Medical Sciences, read a paper (since published in the *Lyon Médical*, December 6) "On Capillary Puncture of the Bladder and the New Indications which it gives rise to and fulfils." He is a very warm advocate for an operation which he has found alike simple, efficacious, and harmless, and which admits of very frequent repetition over a small extent of surface. He passes under review the various circumstances under which it is indicated, viz.: 1. Enlarged prostate, with complete retention or complicated with false passages or with inflamed or irritable urethra, as also partial retention, when catheterism is difficult or dangerous. 2. When the urethra is the seat of inflammatory or traumatic lesions. 3. In stricture that is impermeable or accompanied by false passages or ammoniacal catarrh. 4. In women in whom catheterism is impossible during labour, in retroversion of the uterus, and in the compression caused by tumours. M. Fochier's general conclusions are—1. Whether the retention be total or partial, the innocuity of capillary puncture (even in cases in which the peritoneum has been pierced by it) is such that it should interdict catheterism wherever this is impossible, difficult, dangerous, or very painful. 2. Wherever it would be of advantage not to allow of the urine passing along the urethra, and the bladder has risen above the pubes, puncture should be had recourse to, even when urine passes by the canal.—*Med. Times and Gaz.*, Dec. 26, 1874.

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The Causation of Scarlet Fever.—Dr. J. G. Hendrick, of Edinburgh, is at present engaged in a research on the causation of scarlet fever, of which there

is an epidemic at present in Edinburgh. Microscopic examination with high powers reveals, we understand, the presence in the mucus, from the tonsils and in the skin, of minute bodies similar to those discovered by Klein in typhoid fever, and by Klebs in diphtheria.—*Brit. Med. Journ.*, Dec. 26, 1874.

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The Prevention of Sea-sickness.—Dr. Giraldès has published, in the last number of the *Journal de Thérapeutique*, an account of the means by which he avoided sea-sickness during two passages to England and back. He was at Boulogne last June *en route* for London, when the weather was so rough that many intending passengers hesitated to cross the channel. Dr. Giraldès was informed by a colleague at Boulogne that American physicians used the syrup of chloral, as a preventive of sea-sickness with successful results. He therefore obtained some syrup of chloral, put himself into a quiet corner, and took his syrup directly the vessel was in motion, when, although his fellow-passengers experienced the usual unpleasant consequences, he arrived at Folkestone without having suffered the least inconvenience. The same results were obtained on the return voyage; but he increased the amount of chloral. He had again occasion to cross the channel at the end of September, by the night boat from Calais to Dover, and thinking with reason that the sea would be rougher at that season than usual, he had a draught made up composed of chloral, 3 grammes (45 grains); distilled water, 50 grammes; gooseberry syrup, 60 grammes; and French essence of peppermint, 2 drops. He took half of the draught as the vessel left the harbour, and arrived at Dover without having suffered in the least from sea-sickness, whilst his companions were in the usual condition of prostrate misery. A very heavy sea was running. On his return from London on October 30, there was a high sea and much wind; he accordingly took the remaining portion of his draught, soon went to sleep, and only awoke on his arrival at Calais in the best possible condition. Dr. Giraldès remarks that he is, as a rule, affected by sea-sickness when he crosses the channel, and that his two trials of chloral have convinced him of its efficacy as a preventive of that most disagreeable malady. He adds that he never goes down into the cabin, but makes himself as comfortable as circumstances will allow on deck.—*London Medical Record*, Dec. 9, 1874.

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New Liniment for Scabies.—Dr. Clemens gives the folowing formula in the *Allg. Med. Central Zeit.*, Dec. 9th, 1874: Take of arsenious acid, one grain; carbonate of potash, fifteen grains; spirit of soap, three drachms; spring water, three ounces. The liniment to be rubed twice daily on the parts affected. It is said to be efficacious, and unattended with any trouble or inconvenience. The carbonate of potash is added to the arsenious acid to promote its solubility, and to prevent the too rapid drying up of the liniment. Dr. Clemens has used this application for the last five years with the best results. Of course disinfection of the clothes is useful; but where such cannot conveniently be carried out, the liniment lying on the body serves as an attraction to the acari, which, by reaching it from the clothes, perish in it. Very little of the quantity mentioned in the prescription is necessary, and the frictions have always proved harmless as far as the digestive organs are concerned. It does not hurt the youngest child.—*Lancet*, Dec. 6, 1874.

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Hydrate of Chloral as an Antiseptic and Disinfectant.—Dr. Heron Watson has been lately making extensive trial, in his wards in the Royal Infirmary, of hydrate of chloral as an antiseptic and disinfectant. It is used in the form of an aqueous solution of about five grains to the ounce, and also as an ointment combined with paraffin, white wax, and almond oil. It answers the purpose admirably, and is found to be a non-irritating application, while at the same time it cleans and heals sores and keeps down the bad smell. It is also being tried as a preservative solution for pathological specimens, and appears likely to be very useful for that purpose; but there has not yet been sufficient time to test it thoroughly.—*British Med. Journal*, Dec. 12, 1874.

Comparative Effects of Sea and Mountain Air.—Professor Beneke, of Marburg, makes some observations in the *Deutsches Archiv für Klinische Medicin*, March, 1874, on the comparative influence of sea and mountain air on the system. He believes that he has ascertained experimentally that bodies part with their heat much more rapidly on the sea-coast than on mountain heights This explains why it is that metamorphosis proceeds more rapidly at the sea-side than elsewhere, and that an increased amount of urea and a diminished quantity of uric acid and earthy phosphates are met with in the urine. The increased abstraction of caloric makes an increased production necessary, and accordingly leads to greater rapidity of metamorphosis. If these observations are verified Beneke points out that we will have a much more definite indication for the recommendation of particular climatic changes. As the increased metamorphosis depends, *cæteris paribus*, on the rapidity with which heat is abstracted from the body, it follows that, in mountain air, the processes of change will be less considerable than at the sea-side. Accordingly irritable, nervous, excitable people will find themselves better in mountain air; on the other hand, scrofulous subjects, and persons with good digestive organs, who have been overworked, will derive greater benefit from a sojourn at the sea-side. The diminished atmospheric pressure at considerable elevations is also of importance, both by rendering bodily movements easier, and by increasing the activity of the respiratory movements. In making his observations, Beneke was careful to exclude every source of error, such as might be caused by difference of temperature, moisture, and winds, and he can only refer the remarkable differences which he has observed to the diminished density of mountain air making it a worse conductor of heat.—*London Med. Record*, Dec. 23, 1874.

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Sanitary Value of Iron Water-Pipes—It appears from the following that iron water-pipes have a distinct chemical value. Professor Medlock proved by analysis, several years ago, that iron, by its action on nitrogenous organic matter, produces nitrous acid, which Muspratt called "Nature's Scavenger." The latter chemist found, as a general result, that by allowing water to be in contact with a large surface of iron, in about forty-eight hours every trace of organic matter was either destroyed or rendered insoluble, in which state it could be purified effectually by filtration. Medlock found, on examining the water at Amsterdam, which smelt and tasted badly, that the sediment charred on ignition, and was almost consumed, showing that it consisted of organic matter. He also found that water, instead of taking iron from the service pipes, before entering them contained nearly half a grain of iron to the gallon; while in the water issuing from the pipes there was only an unweighable trace. Before entering the reservoir, the water holding iron in solution formed no deposits, while the water coming from the pipes, and freed from iron, gave organic sediment above mentioned. He then made analysis of water brought in contact with iron, and water not in contact, with the result that the water which had not touched iron contained 2.10 grains of organic matter, and 0.96 grain iron; the other gave only a slight trace of both, showing plainly that the organic matter in the water was either decomposed or thrown down by contact with iron, and this water, when filtered, was found to be clear, of good taste, with no smell, and free from organic matter. It is not stated in what shape the iron was held in solution, but it was probably in that of carbonate, the usual iron salt in springs.—*Sanitary Record*, Dec. 19, 1874.

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Invalid's Kitchen at Leeds.—The annual meeting of the supporters of the Leeds Invalid Kitchen was recently held in that town. This institution, which is worthy of imitation in other places, is evidently engaged in most useful work, that is, in providing, during illness and convalescence, wholesome and nutritious food, beef-tea, and other articles of diet for invalids among those persons to whom their provision would, without assistance,

be an impossibility. Medical attendance is now within the reach of the poorest classes who care to have it, and medicines may generally be obtained, but those well acquainted with the poor know how useless it is in large numbers of cases for a doctor to order beef-tea, or broth, or meat, or even such simple articles as gruel or barley-water, which are often even more important than medicine. The very poor cannot buy the necessary materials, and in a large number of cases even if the money were given to them, they would scarcely know how to lay it out to advantage, still less to cook the ingredients properly, if they had the proper utensils. The Leeds Invalids' Kitchen, from the report which was read by Mrs. Stacey, is apparently doing, and doing well, this important work under the control of a committee of ladies. The funds of the Institution appear to have suffered during the past year from the high price of meat, and the chairman in expressing his pleasure to become an annual subscriber of 5*l.*, and appealing for other assistance, called attention to the fact that the expenditure of a few shillings in nourishing diet in many cases of illness will save a life, and in still more cases materially shorten an illness. The truth of this is beyond question, and from a sanitary point of view such institutions as the Leeds Invalid Kitchen are worthy of most cordial support, especially in large towns, where real poverty principally exists, and is more likely to be overlooked.—*Sanitary Record*, Dec. 19, 1874.

The usefulness of such an institution in a community can scarcely be overestimated, and we trust that similar establishments may soon be organized in our own large cities.

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Inoculation with Bee Poison. — Mr. George Walker, of Wimbledon, in a letter to the editor of the *British Bee Journal*, opens up the interesting question as to whether immunity from the pain and other injurious effects of the sting of the bee can be obtained by inoculation. The subject, it appears, is referred to in "Wood's Book on Bees," and Mr. Walker, noticing the manner in which the owner of the Hanwell apiary managed his bees (the stings apparently having no effect upon him), asked him how long a period it required to make a man sting-proof, and was answered that his son had only been a short time working with bees and was quite free from any of the usual effects of bee-stings. Mr. Walker determined to put the matter to the test of experiment. The *modus operandi* was as follows: He went to one of his hives, caught a bee, placed it on his wrist, and allowed it to sting him, taking care that he received the largest amount of poison by preventing it from going away at once. The first few stings he got during this experiment had the usual effect; the whole of his forearm was affected with a cutaneous erysipelas, and there was disorder of the nerves, accompanied with heat, redness, swelling, and pain. This attack lasted till Tuesday, and on Wednesday, Oct. 7th, he was so far recovered that, following the same plan, he stung himself three times more, also on the wrist. The attack of erysipelas this time was not nearly so severe, but, as before, he felt a stinging sensation as far up as his shoulder, and he noticed that a lymphatic gland behind his ear had increased considerably in size, the poison being taken up by the lymphatic system. On Saturday, Oct. 10th, he again treated himself to three stings, and the pain was considerably less, though the swelling was still extensive. At the end of the next week (Oct. 17th) he had had eighteen stings; then he stung himself seven times more during the next week, and reached the number thirty-two on Oct. 31st, the course of the experiment having lasted very nearly four weeks. After the twentieth sting there was very little swelling or pain, only a slight itching sensation, with a small amount of inflammation in the immediate neighbourhood of the part stung, which did not spread further.—*Lancet*, Dec. 19, 1874.

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Obituary Record. — In London, on Nov. 27, aged 79, Sir James Ranald Martin, C.B., F.R.S., President of the Medical Board at the India Office, for the examination of Indian officers.

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For all who desire a complete work on therapeutics and materia medica for reference, in cases involving medico-legal questions, as well as for information concerning remedial agents, Dr. Stillé's is "*par excellence*" the work. The work being out of print, by the exhaustion of former editions, the author has laid the profession under renewed obligations, by the careful revision, important additions, and timely re-issuing a work not exactly supplemented by any other in the English language, if in any language. The mechanical execution handsomely sustains the well known skill and good taste of the publisher. —*St. Louis Med. and Surg Journ.*, Dec. 1874.

Our readers will find all that is known of medicines from the single standpoint of clinical experience fully discussed in such a way always as to make its perusal a pleasure as much as a profit. From an historical point of view, the book is as good as an encyclopedia.—*Cincinnati Clinic*, Jan. 9, 1875.

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HENRY C. LEA, Philadelphia.

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VOL. XXXIII. MARCH, 1875. No. 387.

CONTENTS.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Croup, and the Diseases which resemble it 33
Clinical Remarks on a Case of Deafness in connection with Heredito-Syphilis . . 38

HOSPITAL NOTES AND GLEANINGS.

Wound of the Optic Nerve from a Stab with a Knife without Injury to the Globe . . 39
Saturnine Gout 39
Diagnosis of Fracture of Neck of the Femur 41
Galvano-Cautery 41

MEDICAL NEWS.

Domestic Intelligence—New York State Medical Society 42
New York Academy of Medicine . . . 42
Boston Medical and Surgical Journal . . 42
The Medical Record 42
Obituary Record 42
Foreign Intelligence—Treatment of Neuroses by Pnosphorus 42
On the Action of Mercury, Podophyllin, and Taraxacum on the Biliary Secretion . . 43
Active Principle of Ergot 43
Hypodermic Aperients 43
Ether *v.* Chloroform 43
An Antidote to Chloroform 43
Death from the Self-administration of Chloroform 44
Formula for Vomiting in Gastric Catarrh . 44
Compression of the Left Subclavian Artery . 44
Treatment of Hydrarthrosis 44
Harmlessness of Puncture of the Liver by the Aspirator 44
Foreign Bodies in the Digestive Canal . . 45
A Simple Means of tying in a Catheter when the Ordinary Eyelets are wanting . . 45
The Epidemic of Typhoid Fever at Over Darwen 46
Scarlet Fever during Pregnancy . . . 46
Strange Obstetric Practice 46
Pollution of Rivers 47
Resignation of Sir Henry Thompson . . 47
Obituary Record 47

STOKES ON FEVER . . . . . 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Croup, and the Diseases which resemble it. By Sir WM. JENNER, Bart., M.D., Professor of Clinical Medicine in University College, Lond., etc.

GENTLEMEN: There are no cases more trying to the young practitioner than those the chief symptoms of which are due to impediment to the passage of air through the larynx. There is no time to think over such a case; the patient needs to be relieved at once. The friends are alarmed, and properly so; for death is, in every such case, imminent. The degree of danger, the probability of a fatal termination, varies, however, with the nature of the cause of the impediment.

The acute diseases which I have seen thus impeding the passage of air through the larynx I may enumerate as follows: Œdema of the aryteno-epiglottidean folds; rapidly developed inflammation, terminating in suppuration, of a cyst in the immediate vicinity, or in the substance, of one aryteno-epiglottidean fold; suppurative inflammation of the cellular tissue external to the larynx, compressing the larynx; catarrhal inflammation of the larynx; membranous inflammation of the larynx; paralysis of the larynx; spasm of the larynx.

You will at once see that the relief possible to be afforded in these cases varies considerably, and that the mode of giving the relief must also vary. To confound, as I have seen confounded, a col-

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lection of matter external to the larynx with membranous inflammation of the larynx itself, is to cause, if I may say so, the death of the patient; for the means which it would be proper to use in membranous inflammation of the larynx would, I need not say, be impotent as a remedy for the difficulty of breathing due to a deep-seated collection of matter in the cellular tissue. Hence I am about to-day to describe the means of distinguishing from each other these various forms of difficulty of breathing, and at the same time to point out to you the mode of affording relief to the patient in the several special affections.

I think we shall best clear the way, so to speak, by considering first the two diseases which, in the above enumeration, I have placed last—spasm and paralysis of the larynx.

"Laryngismus stridulus," "spasmodic" or "false croup," is limited to infants, especially affecting children during the period of dentition. It is supposed by many to be a reflex action, the source of irritation being the teeth. This idea is favoured by the fact that the majority of children who suffer from laryngismus stridulus have, for their age, too few teeth. We shall see presently, however, that it is doubtful whether the relation between the two conditions is one of direct causation.

The symptoms of laryngismus stridulus are so marked that, once aware of the existence of such a disease, you can hardly confound it with any other. He who had never seen a case before would know it at once if he were acquainted with its symptoms. It needs no experience to make the diagnosis.

You will see a great many children who, from the description of their attacks by their nurses, you know to be the subjects of laryngismus stridulus, before you see the child in the attack itself, and for the reason that the attack rarely lasts more than a few seconds. It is often brought on by trifling causes, and the nurse may be able to tell you what will bring it on. So, if disposed to witness the symptoms of laryngismus stridulus, you may be tempted to induce an attack. But remember that a child not very unfrequently dies in an attack; and I myself, twice, in my comparatively inexperienced days, nearly killed a child by bringing on an attack—once that I might myself witness the attack, and once, years after, that I might show it to my class.

I will describe to you, briefly, the characters of a severe attack of laryngismus stridulus. The child is seized suddenly with an inability to inspire. It seems as if about to die from inability to get the breath through the larynx. At this time there is no noisy breathing, no "croupy" sound. The larynx seems absolutely closed. The face and lips are slightly livid, but pale, often very pale. There is no movement of respiration, and the child, as in one of the cases to which I just referred, that in which I was displaying the case to my class, may seem dead. I thought it was dead; the mother thought it was dead, and flew from the room, leaving the child in my arms. The students around thought of course with the mother and myself. Then comes a crowing inspiration. The larynx is evidently partly open, and entering air produces a crowing sound. The child gets its breath, its colour returns, and in a few minutes it is as well as it was before. In the case to which I have alluded, when the mother returned in a few minutes with her husband to take the child away, it was sitting up and laughing at one of the students. When this occurred I had never seen a fatal case, and did not know the dangerous nature of the trial, for, instead of getting its breath, the child may die—may die in an instant. The rapidity with which death occurs is remarkable. Not long since I saw a child who had had many attacks, but was supposed to be having them much less severely. I saw the child in its room, well, as I was assured, and as it seemed, so far as its breathing was concerned. It had had fewer and less severe attacks than it had been in the habit of having. But I had not reached the door when the child was dead.

The attacks are not at first so severe as that which I have described to you. Usually the mother or the nurse notices

a little crowing inspiration, perhaps on first waking, perhaps only when the child is danced, when something startles it. In the intervals the child is, as regards its breathing, and may be in the opinion of the friends, in tolerable health. It is said perhaps to be quite well in the intervals of the attacks. We shall see presently that it is not well.

When the attacks are severe, the friends will often bring the child to you, saying that it has "fits." So beware, when you hear that a child has had many fits, that you inquire a little into the case before you conclude that such fits are ordinary convulsions. The crowing inspiration, so peculiar and characteristic, will always enable you to separate this laryngeal affection from convulsions commonly so called. At the same time, remember that it is not uncommon to have contractions of the thumbs and great toes, and not very rare to have contractions of all the fingers, of the wrists and ankles, so that the hand may be flexed and rigid, and the soles of the feet turned inwards, and the feet extended, between the attacks, and sometimes the child has attacks of general convulsions.

This affection of the larynx, this spasm which closes the larynx, and so interferes with the entrance of air into the chest, never lasts long enough to produce extreme lividity. The appearance of a child is rather that of fainting, with slight blueness as well as pallor. The child either dies, or, the spasm relaxing, air enters, and it recovers. There is no period of imperfect aeration of blood—*i. e.*, of lividity, but sudden and absolute closure of the passage through the larynx.

This spasm of the larynx is said to be due, in some cases, to cerebral congestion. Formerly it was supposed that the great bulk of such cases depended on this, and I remember that when I was a young practitioner the first question one asked one's self concerning such a case was, Is it dependent on cerebral congestion? As the great bulk of the cases were held to be due to that cause, leeching was common, and I, unfortunately, was the unhappy cause of the death of a child by leeching. The leech divided imperfectly a twig of the temporal artery, and the loss of blood killed the child.

Now, I may say that for the last twenty-five years I have not seen a single case of laryngismus stridulus depending on cerebral congestion, and, therefore, I have strong misgivings whether I ever did see one. There is no doubt that laryngismus stridulus is occasionally conjoined with hydrocephalus, but whether in such cases the laryngismus is due to the hydrocephalus is in my mind a matter of very grave doubt. I am inclined, and very decidedly inclined, to the opinion that the two are due to a common cause, to the constitutional state to which I am about to refer, as that which is all but invariably present in laryngismus stridulus, namely, rickets. Laryngismus stridulus is exceedingly common in rickety children, and, where the larynx is in other particulars healthy, is almost limited to rickety children. Now you will understand why it is that these children, the subjects of laryngismus stridulus, are so often supposed to be the subjects of difficult dentition; for you know, I trust, that rickety children are very late in cutting their teeth, and that the retarded dentition is not the result in these cases of any difficulty in the passage of the tooth through the gum, but is due to a want of developmental power. So, in these cases, the large head so often present is due, remember, to that peculiar condition of the white matter of the brain, especially of the anterior lobes, which is common in rickets. And, again, the wide fontanelle is the result, not of the accumulation of fluid within the cranial cavity, not to excess of blood there, but to defective bone growth, and is part of the local manifestation of the rickety cachexia.

All this will lead you, I think, to the conclusion that laryngismus stridulus occurs in those of weakly constitution, as it is termed. You know how sensitive the nervous system of the child is, how easily convulsive affections are induced in children. Even in the healthy child the nervous system is, as some one has expressed it,—"always at full-cock, ready to go off like a hair-trigger." You know, moreover, that whatever weakens any one

renders the nervous system more irritable, more sensitive, and such a person is liable to be thrown into a convulsion by trifling causes. I mean by "trifling causes" that the exciting cause need be but trifling. In all intermediate convulsive affections—epilepsy, hysteria, for example—we have the two conditions to consider: the general state of the nervous system and the excitant of the attack. Here, in laryngismus stridulus, the excitant may be the stomach, bowels, teeth—in fact, at any part of the system. In treating such a case we look for the excitant; but this is often out of our immediate reach, sometimes—often—not to be found. We have seen how trifling it may be—a draught of cold air, a start may suffice. When we know it we cannot in the majority of instances guard the patient from the direct excitant, but we may in almost all instances render the child's system so strong—remove, that is, the extreme excitability of the nervous system—as to render the child insusceptible to the attacks.

In treating laryngismus stridulus, therefore, you must endeavor so to strengthen the child that its nervous system may be less sensitive. We do this first by attention to the child's diet. In a large number of cases the child is being underfed, or fed with food unsuited to its years—rather, perhaps, one should say, unsuited to its stage of development. As I have told you, these rickety children are developed below their years.

We endeavour to strengthen the child's constitution, also, by careful general management. Many of these children are kept in the house. They are said to be subject to attacks of croup, and they are kept in-doors that they may not catch cold. You must insist upon their getting fresh air. You must attend likewise to the various other points proper for the treatment of rickets and the constitutional cachexia from which the child is suffering, by the administration of iron, cod-liver oil, and generally of that class of remedies. Cod-liver oil is, as you know, considered by some to be a specific in the treatment of rickets. Attention must be given especially to the state of the bowels. But remember that you will do harm by attempting to correct disordered secretion by courses of alterative treatment. The mildest aperients occasionally are all that is required—a little rhubarb or rhubarb-and-soda. I cannot tell you the horror with which I regard the excessive use of gray powder in these cases.

Lastly, the bromides of potassium and ammonium have a special effect in rendering the nervous system less sensitive to reflex irritation, and are of great service in preventing the attacks of laryngismus stridulus till such time as the constitution is strengthened by other means. Bromide, according to my experience, should be given in rather large doses at infrequent intervals. Full doses night and morning are, I think, better than doses frequently repeated during the day.

I have referred to paralysis of the larynx. There are persons who maintain that laryngismus stridulus itself is a paralysis of the larynx; but the disease to which I refer is certainly a very different affection from laryngismus stridulus. There is a constant noisy inspiration—crowing, but hoarser rather than the crow of laryngismus stridulus. There is little evidence of impediment to the entrance of air—I mean, as manifested by the recession of the soft parts. Although it may begin pretty acutely, the disease is a chronic one, and is quickly separated from any of the other diseases of the class to which I am now directing your attention. So far as my experience goes it is a rare affection. I have seen a few cases. The best marked terminated in extensive cerebral softening, and was, I think, connected with the syphilitic cachexia.

Laryngismus stridulus—this pure spasm of the larynx (for if the child dies no trace of the laryngeal affection remains) is almost limited to the rickety, and is quite limited to the young child—the infant. But it is not uncommon, nay, I should say it is very common, to have a certain amount of spasm, often a considerable amount, superadded to a catarrhal affection of the larynx in children of a more advanced age, during the first dentition, and occasionally in older children of from five to eight, nine, or ten years of age.

This disease is not unfrequently confounded with true croup, and the diagnosis is often very difficult in a first attack, for some time at least; nay, I think I may say that it is almost impossible to be sure at the outset of the affection that you have not to deal with a case of true croup. I say "in a first attack," for children who have had one such attack are very liable to a recurrence of the disease, and these are the children who are said to have had "several attacks of croup." I say "these are the children who are said to have had several attacks of croup," because no child ever has several attacks of true croup, and certainly would not have recovered from several attacks; true croup being, as we shall see, one of the most fatal diseases of childhood.

This disease, catarrhal laryngitis accompanied with spasm, begins with a little febrile disturbance and a little hoarseness, perhaps a little cough. The child is supposed to have caught cold. It goes to bed, and, in an hour or two, wakes up with considerable difficulty of breathing. The breathing is not only difficult but noisy, and the child, if it be of any age, is commonly alarmed. You find it more or less feverish, usually sitting up in bed, and with the tracheal breathing. On listening to the chest it is not uncommon to hear a little sonorous rhonchus. It is at this stage of the affection that the diagnosis is difficult—as I say, in many cases impossible. But bear this in mind, that experience shows that the great bulk at least of cases of so-called croup are really cases of diphtheria, and that diphtheria commencing in the larynx—*i. e.*, the exudation commencing in the larynx—is exceedingly rare. Usually, as we shall see presently, it commences in the pharynx and spreads downwards to the larynx; and although the pharyngeal symptoms may have been most trifling, you will usually find on examining the pharynx, unequivocal evidences of the diphtheritic nature of the disease. So, if you were called to such a case as I have just described to you, you would at once examine the pharynx.

These cases of catarrhal laryngitis with spasm are the attacks that are so quickly cured by an emetic. An emetic acts in such a case, it seems to me, in three ways. In the first place, it empties the stomach completely, and in doing so it removes one source, a common source in the child, of reflex action; secondly, by the nausea and slight faintness it produces, it relaxes the spasm; and, thirdly, it promotes free secretion from the laryngeal and bronchial mucous membrane, and so relieves the catarrhal affection. The best emetic is ipecacuanha. Usually the action of the emetic is sufficient to make the diagnosis clear. The patient is at once relieved, falls asleep, breathes quietly, showing how large a share spasm played in the affection. In the morning the child awakes free from febrile disturbance, and only a little hoarseness remains to tell the nature of the case. Persons who have a child subject to this affection have commonly learned the value of emetics, and I have known those who in travelling always took with them an emetic lest the child should have an attack of "croup." After the emetic has acted it is well to clear out the bowels by a brisk purgative, as, for example, a dose of calomel and jalap. Without treatment the disease will subside, but then it will last much longer. I have seen a case, left to itself, go on, with spasm varying in degree, for two or three days.

The affection, then, consists in a catarrhal inflammation of the larynx, with spasm superadded. It is a local affection, and when frequently repeated occasionally leaves behind it a disagreeable hoarseness. The child's voice is a little changed. It is probable, certain in some cases, that a little thickening of the mucous membrane remains from the repeated attacks of catarrhal inflammation.

Children subject to this affection do require considerable care. They are susceptible to cold, and especially to damp cold. A single exposure is often sufficient to induce an attack. So you must urge upon the friends the greatest care to avoid the exciting cause. The strongest children may suffer from it. It is in no way connected with the rickety or other cachexia. —*Lancet*, Jan. 2, 1875.

Clinical Remarks on a Case of Deafness in connection with Heredito-Syphilis. By Jonathan Hutchinson, Esq.—The case which elicited the following remarks was that of a young woman, aged seventeen, who exhibited the teeth and physiognomy characteristic of inherited syphilis. She had, in the course of about two months, become absolutely deaf in both ears. There had been no otorrhœa and no pain, but tinnitus had been very troublesome.

Mr. Hutchinson remarked that the case was a good example of the more severe form of deafness from hereditary syphilis. He had seldom known the hearing lost so rapidly, but in all other respects the facts of the case fitted exactly with those of many others.

The failure of hearing is usually somewhat sudden, and is unattended by any evidence of inflammation; the patient has neither pain nor discharge, and otoscopic inspection usually reveals nothing abnormal. He believed that the opinion which he had first advanced, as to the disease being connected with the nerve itself, was the correct one. In the case of the eye it is not at all uncommon for hereditosyphilitic patients to become almost blind from choroiditis disseminata; and in some comparatively rare cases almost complete amaurosis is produced by neuritis of the optic nerves. Both these lesions are most distinctly and positively to be associated with inherited syphilis. In the cases in which they occur, very usually there is a history of an attack of keratitis having gone before; and in both the function of sight is either much damaged or wholly lost without the occurrence of any pain or external evidence of inflammation. It is probable that parallel diseases occur in connection with the nerve apparatus of hearing. Opportunities for obtaining positive knowledge by post-mortem examination have as yet not occurred. The subjects of inherited syphilis who have advanced past the period of childhood are, Mr. Hutchinson added, remarkably tenacious of life. He had only on two or three occasions had the opportunity of making a post-mortem in such a case, and in none of these was the symptom of deafness present. His belief in the nerve origin of the deafness must therefore, he said, be considered for the present as a matter of inference, and not of proof; but the facts certainly point very clearly in that direction. As regards treatment, Mr. Hutchinson stated that he was sorry to be obliged to admit that the knowledge of the true cause of the malady does not help much. In a majority of cases no very definite improvement takes place under either iodides or mercurials. In some cases—a minority—the patients become absolutely and permanently deaf; in others the function is very much damaged; and in a third group almost perfect recovery results. There is not usually much reason for believing that the recovery is in connection with the treatment; still it is probably the safest plan to use mercurials, but they should be employed with careful attention to the patient's health, so that no depression may occur.

The first description of this form of deafness, and the first statement as to its connection with inherited syphilis, is, we believe, that given by Mr. Hutchinson in 1863. In Mr. Hinton's edition of Toynbee's work on Diseases of the Ear a very interesting note respecting it has been introduced. Mr. Hinton states that, at Guy's Hospital, of his aural patients one in twenty is affected with it, that it usually makes its appearance between the tenth and sixteenth years, and that the great majority of the cases which he has seen have been in females. He adds, "Patients suffering from this disease may, as a rule, at least when young, be at once distinguished by the *amount of deafness which they exhibit*. I know no other affection except fever which, in a person under twenty, brings on a deafness so rapid and so nearly complete. In the course of a few weeks a girl previously hearing well will, without pain or known cause, become unable to distinguish words." It will be seen that this latter statement fits exactly with the facts of the case which we have recorded.—*Med. Times and Gaz.*, Jan. 16, 1875.

HOSPITAL NOTES AND GLEANINGS.

Wound of the Optic Nerve from a Stab with a Knife without Injury to the Globe.—The following very rare and curious accident came under the care of Mr. Lawson in July, 1874:—

A young man, aged twenty-seven, was engaged in a street fight, when his opponent struck at his head with a clasp-knife. The blade penetrated the rim of the wide-awake hat he was wearing, passed through the upper eyelid, close to the upper edge of the orbit, and onwards to the optic nerve, which it wounded, but without touching the globe. The man declared he was instantly blinded. He was positive that he could see well with the eye before he received the wound, and on being struck was immediately aware of the loss of sight. Since the injury he had felt greatly the imperfection of being able to see with only one eye. These statements of the man are important, as they show that previous to the stab he enjoyed sight with both his eyes, and that the ophthalmoscopic appearances were the result of the injury and not of pre-existing disease.

On admission, the pupil was slightly dilated and uninfluenced by light. The globe was uninjured, but on the upper eyelid there was a recent scar indicating the site at which the knife penetrated the orbit, and this scar corresponded to the cut in the rim of the hat through which the knife first passed. The eye was quite blind; it had not even perception of ophthalmoscopic light. Examined with the ophthalmoscope, the optic nerve presented the appearance of commencing atrophy. The optic disk was whiter than that of the other eye, and the arteries were small and thready. The humours of the eye were perfectly clear.

The man has since been several times at the hospital, and when last seen, about three months after the accident, the optic disk had assumed the milky white and flattened appearance of confirmed atrophy.—*Lancet*, Jan. 2, 1875.

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Saturnine Gout.—A young man, aged 29, had worked since he was a lad in an oil-cloth factory, and had had much to do with white lead. On two occasions, he had had colic, but rapidly recovered under treatment. For some weeks, he had not felt well, being weak, and having flying pains about him; but he had continued his work until a few days before admission, when his present colicky symptoms appeared, which, increasing in severity, obliged him to come to the hospital.

On admission into Guy's Hospital, his principal symptom was colic. He was a spare, pale young man, with a well-marked blue line on the gums; his left foot was painful, from inflammation of the ball of the great toe, which exactly resembled gout. The urine was slightly albuminous, and the radial artery was somewhat hard. He was first ordered opium, and afterwards croton oil; and, when free of the colic, iodide of potassium.

Clinical Remarks by Dr. Wilks.—You may observe here two sets of symptoms; those directly due to poisonous effects of the lead, and those due the gout induced by the lead. There are apparently, therefore, two different classes of symptoms due to lead, the direct and the indirect.

The symptoms due directly to lead are especially seen in the anæmia and atrophy, which persons long subject to its influence so markedly show. The atrophy may be due to the same action long continued, of which we make use beneficially in arresting hemorrhage, and to the power which this metal exerts, through the nervous system, in contracting the arterioles, and so stopping the flow of blood. At all events, those who are poisoned by lead soon begin to waste away, and their muscles become smaller and smaller, until they are unable to stand or raise their hands to their heads. This wasting of the muscles exactly resembles what is seen in the idiopathic progressive muscular atrophy, and, what is very remarkable, is amenable to remedies. The most extreme cases of muscular atrophy of this kind which I have seen have been cured, and more especially by galvanism; the continuous current being the most beneficial, as faradisation has very little influence over the wasted muscle. When a

patient has muscular atrophy, dropped wrist, or colic, your suspicions of lead-poisoning are aroused; but I would have you to remember, that persons who are working continuously in lead, or grinding it, often suffer more rapidly and acutely from the metal; though, as no marked symptoms exist, you might easily overlook the cause. An example of the kind was lately under our notice in Mary Ward. A young woman had been working for some months in a lead-factory, when, becoming weaker and weaker, she was obliged to desist. When she came to the hospital, she was seen to have a pale waxy appearance, and was very thin. She complained only of debility. On mentioning her occupation, a blue line was found on the gums. We believe, therefore, that she was suffering from plumbism; we gave her iodide of potassium and nourishing diet, and she slowly regained her strength. Besides the anæmia and muscular atrophy, if the poisonous effect still continue, the nervous centres become affected, and the patient becomes generally paralyzed and demented, or may have convulsions.

As regards the blue line, it is true that it is more marked on an inflamed gum around a decayed tooth, but in this case the line was well marked on a perfect set of teeth. It may be distinguished from the discoloration caused by carbon or other pigments, by the dotted appearance when seen under a lens. It is also said that, when the lead circulates afresh in course of elimination by means of the iodide, the patient may again have colic; this I have not noticed, but I have seen the blue line on the gums become much more marked under treatment.

One of the most interesting facts, however, in connection with lead-poisoning, is the production of gout, and apparently true gout; since the arthritic inflammation is due to the deposit of urate of soda in the joints. I have seen this gouty condition so very often, that I have no hesitation in confirming the statement of Garrod and others, by whom the remarkable connection was first observed; for, in several of my cases, the patients were young, and the ordinary predisposing and exciting causes were not present. I believe the observation is comparatively recent, for the great authority on lead, Tanquerel des Planches, does not refer to it. It is true, that he has a chapter on saturnine arthralgia: but he evidently does not refer to the joints, but to the limbs, as his equivalent expression is "douleurs neuralgiques des membres," referring to nerve-symptoms, which, I may tell you, were known to the Greeks as one of the effects of lead.

It is remarkable, too, that, not only is genuine gouty inflammation of the joints caused by lead, but of a necessity all the other usual concomitants of gout. Therefore, it is constantly observed that workers in lead not only have chalky joints, but have granular kidney, thickened bloodvessels, and the other changes constantly met with in gout, and which are almost synonymous with those of Bright's disease. In the present case, the urine was slightly albuminous, and the arteries slightly rigid and tense, suggesting the early condition of the change which I name.

This connection of lead and gout is so remarkable, that we naturally try to discover where it lies. We must first ask ourselves what we mean by gout. We generally mean by it that morbid condition of system which is due to the production of an excess of urate of soda, owing to a malassimilation of food. Now, this may occur under various circumstances from different causes; as, for example, the taking of too much nitrogenous food or wines, which directly favour its production; or, in other cases, from want of exercise, and consequent failure to get rid of the effete material; and, in other cases, to simple atony of the stomach in nervous and weakly subjects. The question, therefore, which we have to ask is, in what way lead-poisoning so affects the digestive and assimilative processes as to favour the production of this salt. This, we believe, is the question to be asked, and not a simple chemical one, because we find attacks of gout caused by disturbances of the nervous system, and relieved by such remedies as quinine, mineral acids, and colchicum; causes and remedies

which can only indirectly affect the functions before named, and do not act by simple chemical methods. When we think we can solve difficult questions in pathology and therapeutics by known laws, let us ask ourselves how lead causes gout, and how colchicum cures it.—*British Med. Journ.*, Jan. 2, 1875.

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Diagnosis of Fracture of the Neck of the Femur.—As in matters of mere worldly interest, we cannot in the practice of medicine and surgery afford to despise the day of small things. At a recent visit to Guy's we had an opportunity of observing some striking illustrations of the importance of attending to minute and apparently trivial details in surgical diagnosis. An old man about seventy years of age had fallen down and sustained some injury about the upper part of the thigh near the hip-joint. He was unable to walk, and was therefore taken to the hospital, where he was admitted into Job ward. There was some shortening of the right lower extremity, and great impairment of movement. The actual nature of the disease was not apparent, but it was probable that there was fracture at the neck of the femur. To ascertain definitely what was the seat of the shortening, Mr. Bryant adopted an ingenious, and, we believe, novel device. The measurements from the tip of the trochanter major to the lower border of the patella were first taken, and found to be equal on both sides. The question therefore was whether the shortening was at the neck of the femur. For this purpose, the patient being in bed, a vertical line was drawn from the tip of the anterior superior iliac spine on the outside of the hip to the horizontal plane of the body, then a second line from the tip of the trochanter major was drawn at right angles to this vertical line. The length of the second line was then measured and found to be three-quarters of an inch shorter on the injured side than a similar line on the opposite side of the body. By this means it was incontestably shown that the shortening of the limb was entirely at the neck of the bone. Mr. Bryant has employed this mode of determining shortening of the neck of the femur for some time past, and has found it of great utility. We refrain from saying more on the matter at present, as we understand that a paper on the subject, illustrated by diagrams, will shortly be read at a meeting of the Medico-Chirurgical Society. It seems, however, that "Bryant's line" will henceforth be as important in determining shortening at the neck of the femur as "Nélaton's line" is in the diagnosis of dislocation of the head of the bone.—*Lancet*, Feb. 6, 1875.

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Galvano-Cautery. — The Paris correspondent of the *Brit. Med. Journ.* (Jan. 9, 1875) writes: "There were, at the time of my visit, in M. Labbé's wards, a number of cases of extensive multiple fistula of the sinuses—examples of these cases in which the disease has lasted for many years. If the sinuses have burrowed in several directions, spreading widely and deeply beneath the glutei, covered by a considerable thickness of tissue, often of a highly vascular character—in such cases, the incisions must extend far and widely; and from the extent of surface laid open, and the amount of bleeding, such operations often require a good deal of judicious determination and courage on the part of the surgeon, and are a severe trial to the patient. Here M. Labbé had used the galvanic cautery with very good results indeed. The application is not, of course, new, but it is useful. He has used it successfully in ablation of portions of the tongue, and of polypi, etc. He is careful to heat the wire only very moderately, and to proceed very slowing. By heating the wire too high, others have met with serious subsequent hemorrhages. This is indeed the frequent objection to the galvano-cautery. It may be avoided, as the experience of M. Labbé and others shows, by using the wire only at a very dull heat, and proceeding with great deliberation; thus, a section of the tongue may occupy twenty minutes, but then there is no subsequent tying of arteries. M. Labbè's experience of epithelial cancer of the tongue is not more favourable as to final result than that of other surgeons.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

New York State Medical Society.—The sixty-ninth annual meeting of this Society was held at Albany, on Feb. 2d, 3d, and 4th, Dr. George J. Fisher, of Sing Sing, President, in the chair. Two hundred and fifty-nine persons were registered as in attendance. A number of instructive and valuable papers were read, and the following officers were elected to serve for the ensuing year: President, Dr. Thomas F. Rochester, of Buffalo; Vice-President, Dr. Ellsworth Eliot, of New York; Secretary, Dr. E. R. Hun, of Albany; and Treasurer, Dr. Charles F. Porter, of Albany.

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New York Academy of Medicine.—We are pleased to learn that the Academy of Medicine has just purchased for its own use, at a cost of $42,500, a commodious building situated at No. 12 West Thirty-first Street, in the city of New York. It is proposed to build an addition in the rear for library purposes.

—

Boston Medical and Surgical Journal.—This old and excellent journal on the first of the new year changed publishers, and is now issued from the Riverside Press, Cambridge, by H. O. Houghton and Company of Boston, but still remains under the editorial management of Drs. J. Collins Warren and Thomas Dwight, Jr. It appears in a new and handsome dress, and the contents of the numbers so far issued are of more than usual interest. The Journal, while it has reached an age which entitles it to be called venerable, exhibits all the freshness and vigour of youth, and gives promise of usefulness for many years to come.

—

The Medical Record.—This Journal in its weekly issue retains the high standard of excellence in its editorial management which rendered it, in its semi-monthly form, so successful. The enterprise of the Messrs. Wood in giving the *Record* an hebdomadal issue will, we are sure, receive that encouragement from the profession which it deserves.

Obituary Record.—Died, Feb. 1, at Lexington, Ky., in the 77th year of his age, Jas. M. Bush, M.D., formerly Professor of Surgery and Anatomy in Transylvania University, and in the Kentucky School of Medicine, Louisville, Ky. Dr. Bush was a very skilful and eminent surgeon, an admirable teacher, a gentleman of great personal worth, and was esteemed and respected by all classes of the community in which he lived.

FOREIGN INTELLIGENCE.

Treatment of Neuroses by Phosphorus.—Mr. T. F. Sanger has employed phosphorus with advantage in the neuroses. The preparations he employed are the ethereal solution (4 grains to 100), and the alcoholic solution (1 in 100); the dose of the former being two to four drops; of the latter, five to ten drops. He had given it with invariable relief in forty or fifty cases of neuralgia, excepting those proceeding from hepatic congestion, which he found speedily cured by half a drop of croton oil with five grains of compound rhubarb pill. His success with the remedy in neuralgia induced him to try it in other diseases which owed their origin to want of nerve-power, proceeding from innutrition of the nerve; and he detailed the particulars of four cases, by way of illustration, in which cure or signal benefit had resulted; viz.: 1. A case of paralysis agitans, in a woman aged 45, where the disease had existed four years, and was cured in two months; 2. A case of paraplegia after diabetes and sunstroke, in a man aged 46, where recovery was nearly perfect in four months; 3. A case of a widow aged 83, suffering from neuralgia of the sciatic nerve, with severe nocturnal exacerbations, which had been unrelieved by morphia, and only temporarily alleviated by chloral, but was cured by the phosphorus in ten days; 4. A case of a female aged 40, with paraplegia of four years' standing, in whom considerable restoration of motor power followed treatment for two months by phosphorus, in combination with small doses of tincture of perchloride of iron.—*Brit. Med. Journ.*, Jan. 9, 1875.

On the Action of Mercury, Podophyllin, and Taraxacum on the Biliary Secretion.—In some comments in the *Practitioner* (Dec. 1874) on the report of the committee of the British Medical Association, of which Dr. Bennett was Chairman, the reviewer says that the experiments made show that calomel and other mercurials, podophyllin and taraxacum, do not increase the secretion of bile in an animal having a biliary fistula. From the care with which these experiments were made, there can be little doubt of their correctness; but the opinions which Dr. Bennett founds on them, and supports with his usual force and vigour in the Appendix, are quite erroneous. He completely disregards the results of clinical experience, and condemns the use of mercury as a cholagogue because it does not increase the amount of bile poured out by the liver. He totally forgets the fact that what we want in cases of biliousness is not increased secretion by the liver, but removal of bile from the blood. As was pointed out in the June number of this journal, this result may be attained by the mercurials removing the bile from the intestine and preventing its reabsorption, quite as readily as by stimulating the liver to increased action.

—

Active Principle of Ergot.—Prof. Levi, of the University of Pisa, has just made known, as the result of numerous analytical and experimental researches, that the physiological, therapeutical, and obstetric properties of ergot of rye are due to the presence of phosphoric acid, which it contains in abundance, much more than to its organic principles (like ergotin, ecbalin, etc.), to which until now had been exclusively ascribed all the various actions of the substance.—*Lancet*, Jan. 2, 1875.

—

Hypodermic Aperients.—M. Luton found in 1873 that a subcutaneous injection of a solution of ten centigrammes of sulphate of magnesia in one gramme of distilled water acts as a laxative, or even as a true purgative. Subsequent investigations have also proved to him that these purgative hypodermic injections in the above dose suspend symptomatic vomiting in cancer of the stomach, dyspepsia, and gastric catarrh. He also recomends their trial in the nervous vomiting of pregnancy, of migraine, of sea-sickness, and of essential ileus.—*Med. Times and Gaz.*, Jan. 9, from *Gaz. Méd.*, Jan. 1.

—

Ether v. *Chloroform.*—Very tardily but at last, the profession in Great Britain are beginning to discover their almost criminal error in the persistent use of chloroform as an anæsthetic, a custom which was imposed upon them by the authority of Sir James Simpson, and notwithstanding the mortality which it yearly caused, and the demonstration both in this country and France of the innocuousness of ether.

In an editorial entitled Ether *v.* Chloroform which appears in the *Lancet* for Jan. 30, 1875, we find an earnest advocacy of the use of ether which concludes as follows:—

We should hesitate to admit with the Americans that ether is absolutely safe; but we are prepared to believe that any small dangers which may attend upon it are under the control of vigilance and good management. With regard to chloroform the same cannot be said; and, as long as its employment is continued, it will continue to claim its occasional victims. It is surely incumbent upon every surgeon to guard the life of his patients, and to keep himself in the right, by the systematic employment of the anæsthetic which, so far as knowledge now extends, is at once as effectual as any other and more safe.

—

An Antidote to Chloroform.—Dr. Schuller has discovered that the nitrite of amyl quickly removes the effects of chloroform on the vessels of the pia mater, and that even in cases of advanced narcotism from the latter drug it rapidly relieves the dyspnœa and laboured respiration, restoring the strength of the pulse, and the reflex excitability. This discovery may prove of much practical value where chloroform continues to be the favourite anæsthetic.—*New York Med. Journ.*, Feb. 1875.

Death from the Self-administration of Chloroform.—On the morning of the 8th instant, a young gentleman who resided at Woolton was found dead in bed under the following circumstances: The deceased had suffered from "asthma and toothache," and it appears that he had been in the habit of inhaling chloroform for the purpose of inducing sleep. On the morning mentioned he did not make his appearance as expected, and, on the room being entered through the window, he was found dead in bed. The body was on the left side; the bedclothes were "up about" the face, though not covering it; and a pocket-handkerchief was over the mouth. Dr. Little, who was summoned, found the body in the posture just described, the limbs rigid, and the lower side "rather congested." A handkerchief was on the bed, and under the bolster was a small bottle containing about a teaspoonful of chloroform. The deceased had, in Dr. Little's opinion, been dead for several hours before he saw him, and had died from an over-inhalation of chloroform. The verdict of the jury was to the same effect.—*Med. Times and Gaz.*, Jan. 16, 1875.

—

Formula for Vomiting in Gastric Catarrh.—Mr. T. Lauder Brunton gives the following formula which he has found very useful in gastric catarrh and subacute gastritis:—

℞.—Bismuthi subnit. gr. x.
Potass. bromid. gr. xv.–xx.
Acid. hydrocyan. dil. ♏v.
Spt. chloroform. ♏x.
Mucilag. tragacanth. fl.℥ij.
Aqua ad fl.℥j.

Sig.—To be taken every three or four hours.

The medicine should be given about ten minutes before food, so as to diminish the irritability of the stomach and prevent the rejection of the nourishment, and it is often advisable to make the patient lie down on the left side during or immediately after the meal. A tendency to vomit is often increased by lying on the right side.—*Practitioner*, Dec. 1874.

Compression of the Left Subclavian Artery.—On the 2d inst. Mr. McGill, of Leeds, performed an interesting operation in a case of left subclavian aneurism, by cutting down upon the first part of the left subclavian artery, and compressing it for ten hours and a half by means of torsion forceps. The case had been previously treated with great temporary benefit by galvano-puncture. The details of the previous operations were published in *The Lancet* in 1874, vol. ii. p. 9. After numerous galvano-punctures the patient was able to follow her occupation of mill cook without any discomfort. For many weeks there was very slight pulsation in the aneurism, but gradually the pulsation became more forcible, and further interference was rendered necessary. Up to the time of going to press, the patient was doing well. It may be observed that the first part of the subclavian artery has only been ligatured *once*—namely, by Dr. J. K. Rodgers, of New York, in 1846.—*Lancet*, Jan. 9, 1875.

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Treatment of Hydrarthrosis.—In cases of dropsy of the joints, especially that of the knee, Dr. Bergeret finds that continued application of bags of hot sand answer better than any other kind of treatment. When the acute stage is passed, and whatever may be the cause of the dropsy, he wraps the joint in a thick layer of cotton-wool, and applies to this a sack containing two or three litres of fine and very hot sand. The dropsy disappears in a few days. The sand must be very hot, and the heat may be kept up by means of covering with a blanket. The sand must not be too thick in the bag, so that it may extend easily on the knee, and overhang the hydrarthrosis in every direction.—*Lancet*, Jan. 16, 1875, from *Journal de Thérapeutique.*

—

Harmlessness of Puncture of the Liver by the Aspirator.—Dr. Berenger-Féraud concludes in these words an article on this subject (*Bull. de Thérap.*, Dec. 15): "This constant harmlessness in sixteen different cases, and after twenty-one punctures, seems to me to be of a nature

to embolden practitioners inclined to employ the aspirator, whether as a means of diagnosis or as a therapeutical agent in certain diseases of the abdomen; and I believe that the fear of traversing a certain extent of the proper tissue of the liver with the trocar, and of puncturing the organ, whether sound, congested, or hyperæmic, should not in future serve as a ground for declining to operate."—*Med. Times and Gaz.* Jan. 9, 1875.

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Foreign Bodies in the Digestive Canal.—The incident of the *homme à la fourchette*, the man who swallowed a fork in Paris in April last, has inspired Dr. Mignon with the idea of collecting all records of similar cases. He has been able to find details of one hundred and sixty-three, and it would be difficult to imagine anything more astonishing than the catalogue (given in the *Union Médicale* for Nov. 3) of the objects swallowed by either veritable lunatics, or what may be termed sane idiots. Amongst the very indigestible and uncomfortable items catalogued we find fifteen gold medals, hair rings innumerable, 175 francs, a shoe buckle, nine inches of a sword blade, very sharp scissors, eighty pins, a baby's bottle, the castor of a night-stool, an entire set of dominoes (the size of which however is not stated), one hundred *louis d'or*, a flute four inches long, a glass phial, thirty-five knives, a clay pipe, from fourteen to fifteen hundred pins, a bar of lead weighing a pound, a whetstone, and (in three instances) a table fork. But the most extraordinary of all these cases occurred in the instance of a convict who died at Brest, in 1773, and on whose body a necropsy was performed. The stomach was completely displaced and occupied the left hypochondrium, the lumbar and iliac regions of the one side extending into the pelvis nearly as far as the foramen ovale; it contained fifty-two different objects, weighing altogether one pound ten ounces. Amongst them was a part of the hoop of a barrel, nineteen inches long and one wide. M. Mignon has classified these 163 cases into three categories. 1. Foreign bodies which passed through the whole extent of the digestive canal with scarcely any injurious results. 2. Foreign bodies which have passed through the whole extent of the digestive track, with more or less serious results, but ultimate recovery. 3. Foreign bodies, which have passed through the whole digestive track, causing serious disturbance and fatal results. 4. Cases in which the foreign body has not been passed. 5. Cases in which operations have been performed. It is a remarkable fact that the cases of death caused by the presence of foreign bodies in the digestive tubes are less numerous than might be expected. Out of the 163 cases, we only find ten deaths from this cause. To these must be added two deaths after operation, making altogether twelve, or 7.3 per cent. There appears, therefore, to be no great cause for the surgeon to be over-anxious in these cases, but to remember, that, unless there should either be some complications in the general health or some special indication, it will be as well for him not to interfere, and above all things not to perform gastrotomy, save as a last resource. Of this last operation M. Mignon relates five cases; amongst them being those which Mr. Neal, in 1855, and Mr. Bell, in 1859, thought themselves obliged to perform, the one in order to extract a bar of lead ten inches long, and weighing a pound, the other to do the same with a bar of lead, nearly twelve inches long, and weighing more than nine ounces. In both these cases the symptoms were very serious, comprising violent pains in the stomach, twitchings along the vertebral column, sickness, and general prostration. The foreign bodies could not be felt through the abdominal walls, but the surgeons decided on performing the operation, thinking that the sufferers had no chance of relief by expulsion *per anum*. The success of the operations was fortunately complete.—*Lond. Med. Rec.* Dec. 2, 1874

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A Simple Means of tying in a Catheter when the Ordinary Eyelets are wanting.—This is effected by fitting on a small piece of India rubber tubing to the proximal end of the catheter. A double thread is then passed through the India rubber at one side so as to lie between the inside of the tube and the outside of the catheter.

The thread thus passed is next tied firmly round the tubing, and by this means it is firmly secured to the catheter. The two free threads forming each end are then knotted, and to the loops thus formed the ordinary tapes are fastened. A plug can then be inserted, and, owing to the elasticity of the tube, will always accurately fit and prevent any escape of urine. Mr. Annandale further remarked, that as far as he was aware, this simple method had not yet been described, but that on this point he would be glad of any information. Dr. Watson observed that he had already used this method.—*Edin. Med. Journ.*, Jan. 1875.

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The Epidemic of Typhoid Fever at Over Darwen.—It is announced that the official report on the outbreak of fever at Over Darwen will shortly be made public. So long ago as October last, Dr. Stevens was despatched by the Local Government Board to institute inquiries into the cause of the epidemic, and it is the result of his investigations which will in a little time be published. Meanwhile, there appears every reason to suppose that the outbreak, as usual, was the result of pollution of drinking-water. Rumour has it that the first case of typhoid fever imported into Over Darwen occurred in a house at some considerable distance from the town; the sufferer contracted the disease, came home, and died from it. The distance of this house from the town, and the circumstance that its sanitary arrangements were held to be good, also that there was apparently no communication from the house with the water drunk by the sufferers in the subsequent epidemic, diverted attention from this important case, which nevertheless, it is said, will be found to have been the cause of all the illness which followed. On first inquiry, it was stated that the town derived its water supply from a distant and unpolluted source, and that the water was brought by covered channels into the town, and could by no means be polluted by the excreta from this first case. A minute investigation which was presently instituted revealed a startling contradiction of this statement. The drain of the closet into which the excreta of the first patient passed, emptied itself into a neighbouring field for agricultural purposes; through this field also passed the water-main conveying the water supply of the bulk of the inhabitants of Over Darwen. At the point of supposed contact of the pipe with the drains, special precautions had been taken to prevent any infiltration of sewage into the water; but when the earth was dug up to ascertain how far these precautions were efficient, it was found that just above the spot where the cement had been placed there was a leak, which allowed the contents of the drain to be freely sucked into the water-pipe; and thus, as the typhoid poison was thrown down the drain, it passed into the water-main, and was constantly mixed with the drinking-water on its way to the town.

The epidemic in Over Darwen, which has caused such universal attention to be directed to it, attacked no less than 2035 persons within a very short period, and occasioned the return of 104 deaths as its result.—*Med. Times and Gaz.*, Jan. 16, 1875.

—

Scarlet Fever during Pregnancy.—Dr. M. Williams relates (*Brit. Med. Journ.*, Jan. 9, 1875) the case of a female in the eighth month of her pregnancy who passed safely through a sharp attack of scarlet fever. The skin of her child when born was desquamating, showing that it had had the disease in utero.

—

Strange Obstetric Practice.—M. Blondeau brought before the Therapeutic Society of Paris, in November last, the case of a lady who, in previous confinements, had suffered from considerable hemorrhage. When six months advanced in pregnancy she had violent epistaxis, which nothing would stop, and, as she was dying from loss of blood, transfusion of human blood was had recourse to with Colin's apparatus, and succeeded. The pulsations of the child, which had vanished, were heard again, and the fœtus was extruded. (It is not said whether it lived.) No attempts were made to remove the placenta, *for fear of hemorrhage*, and it was left

for *a week*, during which time the patient progressed favourably. At last the afterbirth came away spontaneously, but shivering immediately occurred; fever and tympanitis set in, and the poor lady died, as stated by the narrator, of puerperal septicæmia. We leave obstetricians to think about this case, and venture to say that in general the removal of the placenta arrests hemorrhage rather than favours it, even in a six months' case. That the patient was hæmophilic was probably no barrier; nay, having lost much blood by epistaxis, she was more likely to absorb the noxious products of a decomposing placenta.—*Lancet*, Jan. 9, 1875.

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Pollution of Rivers.—[This subject is at present attracting much attention in Great Britain, and great efforts are being made to arrest the evils resulting from this cause.] Several members of Parliament, representing Yorkshire constituencies, and others, waited on the Home Secretary and the President of the Local Government Board, on Saturday, to point out the evils arising from the pollution of rivers in the manufacturing districts, and to urge the government to bring in a bill on the subject. The right hon. gentlemen expressed their satisfaction at the feeling of the mill-owners in the matter, and assured the deputation that the government are sensible of the importance of the question.—*Brit. Med. Journ.*, January 23, 1875.

An influential meeting was held at Edinburgh on the 21st instant, the Duke of Buccleuch in the chair, to consider a report read by Mr. MacIntosh on the pollution of the Scotch rivers. Sir Robert Christison, in moving the adoption of the report, said that his connection with movements of a similar kind dated from 1830; he thought that with regard to the three great necessaries of life, food, drink, and air, no one ought to be entitled to pollute any of these articles; nay, more, he came to the conclusion that this was a case in which prescription ought not to apply. It was evident, moreover, from the recent action of government in sending out commissions, that, sooner or later, an end would be put to the systematic pollution of our rivers. The report was unanimously adopted. We are glad to find that action is being taken throughout the country to remove this great evil. We are convinced that much of the waste products of manufactures at present poured into our rivers might be utilized and made a source of profit, whilst the evils of pouring our sewage into streams, too often the only source of water supply, are daily becoming more obvious, as Mr. Cross admitted the other day, in the increase of "excremental disease" throughout the country.—*Lancet*, Jan. 30, 1875.

—

Sir Henry Thompson, the well-known author of several valuable works on diseases of the genito-urinary organs, in consequence of the pressure of private practice, has been led to resign his post of Surgeon to University College Hospital and his Professorship of Clinical Surgery in the College.—*Lancet*, Jan. 9, 1875.

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Obituary Record.—Died, in London, on the 31st of December, 1874, Francis Kiernan, F.R.S., in the seventy-fifth year of his age.

This distinguished anatomist is best known to the scientific world by his investigations into the minute anatomy of the liver, with which his name will be forever associated, and which gained for him the Fellowship of the Royal Society with the Copley Metal.

—— In Dublin, on the 13th of January, at the advanced age of 83 years, Robert Adams, M.D., late Regius Professor of Surgery in the University of Dublin.

He was well known to the profession in this country through his writings. For Todd's "Cyclopædia" he wrote on "Abnormal Conditions of the Joints," and in the Dublin Hospital Reports he published a classical essay "on Disease of the Heart." In 1857 he published the first edition of his well-known work on "Rheumatic Gout, or Chronic Rheumatic Arthritis," and the second edition, published in 1873, was accompanied by a superb atlas of plates illustrative of the deformities caused by, and the pathology of, this curious affection.

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It is beyond question the most attractive as well as most reliable manual of medical jurisprudence published in the English language.—*Am. Journ. of Syphilography*, Oct. 1873.

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CONTENTS.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Croup, and the Diseases that resemble it 49

HOSPITAL NOTES AND GLEANINGS.

Two Cases of Epididymitis, treated with Ice and small doses of Tartar Emetic with Epsom Salts 53

Fracture of Outer Condyle of Femur, simulating Fractured Patella 55

MEDICAL NEWS.

Domestic Intelligence—Specialities in Medicine 55

University of Pennsylvania; Auxiliary Faculty of Medicine 56

Obstetrical Section of the American Medical Association 56

Medical Graduates in 1875 56

Philadelphia College of Pharmacy . . 56

American Clinical Lectures 56

Obituary Record 57

Foreign Intelligence—Deaths from Chloroform 58

Chloroform Poisoning; Resuscitation by Nélaton's Method 58

Glycerine in Diabetes 59

Treatment of Scabies 59

Forcipressure 59

Delay in the Coming away of Ligatures . 59

Ovariotomy during Pregnancy . . . 60

Ablation of the Inverted Uterus taken for Polypus 60

A Supposed Case of Renal Calculus . . 60

On Unsuspected Calculi in the Bladder . 61

Avulsion of the Scalp 61

On a New Method of Estimating the Quantity of Pepsin by the Colour 61

Mode of Formation of Urea in the Body . 61

Improved Elastic Tourniquet 61

Outbreak of Puerperal Fever 62

On the Effect of Electricity on the Spawn of the Frog 62

Bacteria 62

Extraction of a Leech from the Larynx . 63

STOKES ON FEVERS . . . . . 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Croup, and the Diseases that resemble it. By Sir WM. JENNER, Bart., M.D., F.R.S., Prof. Clin. Med. in Univ. Coll. London. (Continued from p. 38.)

MEMBRANOUS inflammation of the larynx—inflammation, that is, attended by the presence of lymph on the surface of the mucous membrane of the larynx—is croup. This is a peculiar form of inflammation, as the presence of the lymph proves. If we produce inflammation of a mucous membrane by a direct irritant, we have, as the result, the formation of excess of mucus, or of pus, or of both conjoined; we do not have lymph exuded. If we irritate directly a serous membrane, we may have excess of serum, or we may have pus or lymph produced. There must, therefore, be some peculiarity in the special inflammation of a mucous membrane which leads to the formation on it of a substance not formed when the inflammation is excited simply by a mechanical irritant. The inflammation is a so-called specific inflammation.

It was once supposed that membranous inflammation of the larynx was peculiar to children. It is now known that it is not so. It occurs, not so very unfrequently, in persons of advanced life. Diphtheria is an acute specific disease attended by inflammation of the pharynx, having

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as its result exudation of lymph. It is a specific inflammation arising from a specific cause. The specific inflammation in diphtheria has a tendency to spread, to spread over the pharynx in all directions, to pass upwards to the nares, downwards to the larynx, and, in rare cases, to the œsophagus and stomach. From the pharynx it may spread down the trachea and into the bronchi. So that in diphtheria we get, not unfrequently, membranous inflammation of the larynx. But membranous inflammation of the larynx, I have told you, is croup. Is there, then, a membranous inflammation of the larynx distinct from the acute specific disease diphtheria? Are there a true croup and a diphtheritic croup? Certainly, if you were to place in the hands of the best pathologist the larynx of a child who had died from membranous inflammation of the larynx, the so-called idiopathic croup, and that of one who had died from a true diphtheritic inflammation of the larynx, he would be unable to distinguish the one from the other. There is no anatomical character by which he could say, "This is true croup; this is diphtheritic inflammation of the larynx." If, however, the pharynx was also found to be the seat of exudation of lymph, he would say, "This is undoubtedly diphtheritic inflammation of the larynx." But it is beyond question that true diphtheritic inflammation may be limited to the larynx; that, in exceptional cases, the pharynx escapes the exudation. Seeing, then, that there are no anatomical characters to distinguish the one disease from the other, are there any clinical characters by which the two affections may be separated? It has been supposed that the presence of albumen in the urine would be sufficient, and I formerly laid much weight on this distinction. But later years have satisfied me that in cases which present all the characters of true croup, which are sporadic, spread to no other person in the house, come on apparently from exposure to cold and damp, —that in such cases albumen may be present in the urine. It has again been urged that true croup has no tendency to spread; but this manifestly should no more separate a single case from the diphtheritic croup than should a single case of scarlet fever, because it did not spread, be separated from other cases of scarlet fever. The cause, again—the fact that some cases of croup come on after distinct exposure to cold and wet—cannot be sufficient to separate croup from diphtheritic croup, for it is beyond question that a considerable number of cases of diphtheria do, to all appearances at least, date their origin from exposure to cold and wet. I have seen several solitary cases of true diphtheria thus originating; not spreading, or spreading, to other persons in the house, as the case may be. So my opinion has undergone some modification, and I am inclined now to the belief that there is no such disease as idiopathic, simple, membranous inflammation of the larynx. I say, I am inclined to this belief. I am not sure that it is true; but as I formerly thought that the weight of evidence was in favour of their non-identity, I am now inclined, from my further experience, to think that the two diseases are really identical, that the so-called croup is really diphtheria.

Membranous inflammation of the larynx is one of the gravest diseases; it kills rapidly. If the termination be fatal it usually is so within a few days from the outset; rarely does the disease last a week, supposing that the windpipe has not been opened. The disease is usually preceded by uneasiness in the pharynx, sometimes by well-marked evidences of diphtheria; often, however, the pharyngeal symptoms are trifling, and the gravity of the illness is only appreciated when the child wakes in the night with croupy breathing—that is, with rough, hoarse, loud, lengthened inspiration. The difficulty of inspiration is due to two causes. At first it is due to the swollen condition of the mucous membrane, and also largely to the superadded spasm. Subsequently it is due to the false membrane narrowing the passage, and also largely to the superadded spasm. The paroxysms of difficulty of inspiration from which the patient suffers are due to the spasm. The disease is attended by a certain amount of febrile disturbance, and

there is a little uneasiness in the larynx, perhaps some pain and tenderness. The lymphatic glands adjacent to the larynx are commonly enlarged and tender. (They require to be felt for.) There is hoarse, rough cough, with expectoration of at first a little glairy mucus, and subsequently pieces of false membrane—that is, of tough lymph.

The seat and character of the disease are manifested by the severity of the symptoms and their continuousness. That it is diphtheritic in origin is *proved* if one can find any trace of false membrane in the pharynx. Sometimes the pharyngeal membrane is greatly swollen, red, puffy-looking, and a tough mucus is spread pretty evenly over the surface. In other cases, whilst the pharynx exhibits no unequivocal false membrane, there is a discharge from the nose of serous acrid fluid, and on inspecting the nares you may see false membrane on the inflamed surface. But, believing as I do now that all croup is but a local manifestation of the general disease diphtheria, it would matter but little, as regards the diagnosis, whether the pharynx were the seat of membranous inflammation or not.

The child usually gets a little sleep towards the first morning, and seems rather better during the day—*i. e.*, its breathing is less distressing. Its voice, however, never ceases to be hoarse, the cough never loses its clang, the impediment to the entrance of air never disappears. The recession of the soft parts of the chest walls never ceases to occur at each inspiration. It is only a question of more or less. As night comes on the patient is usually again worse, and although there may be again a little remission the following morning, there is, on the whole, a steady advance. When death occurs, it does so from one of several causes. It may be that the patient dies in a paroxysm of difficulty of the entrance of the air. There has been a certain amount of lividity, considerable recession of soft parts, and then, either during a paroxysm or in the interval between the paroxysms, death occurs in an instant. In some of these cases the final occlusion of the larynx is the result of spasm. In other cases, a portion of false membrane partially detached blocks the way, and the patient may also die in an instant. The portion of false membrane does not permit, or only partially prevents, the escape of the air, but forbids its entrance; it acts as a valve. Again, the patient may die from the extension downwards and to the bronchi of the inflammation, the narrowing of the bronchi, the extension perhaps of the false membrane even into the capillary tubes. Again, the patient may die from pneumonia, lobular or lobar, the pneumonia arising from the patient inspiring small particles of false membrane or acrid matter into the finer capillaries or perhaps the air-cells themselves, and the matter thus inhaled setting up local inflammation. These cases are analogous to the cases of lobular pneumonia secondary to the spread through the circulation of pus or of minute particles of fibrin, etc. In the latter case, an irritant is carried by the blood, becomes arrested by the capillaries of the lung, and each particle becomes the centre of a patch of pneumonia. In the former case, it is the acrid matter exuded into the larynx and bronchi which passes down the air-tubes, is arrested at their termination, and becomes the centre of a local inflammation. The facility for the occurrence of this blocking up of the lung by inspired particles is the greater because the patient loses considerably the power of coughing. He is unable to close his larynx sufficiently to cough effectually. His cough is rather a hawking-up than a true cough. For a true cough to occur, you know that the lungs must be filled with air, and then the glottis closed, so that the air in the substance of the lung may be compressed violently, and then the glottis be suddenly opened. But the patient who cannot close his glottis well cannot cough perfectly, and substances inspired are drawn in a little way at each inspiration, further than they can be expelled by the imperfect expiratory cough.

To avert death in cases of membranous exudation into the larynx we open either the larynx or the trachea: the trachea in a child; the larynx in an adult. We select the larynx in an adult because of the

facility with which it is reached. We are driven to open the trachea in a child because the larynx is too small to admit the tube. The opening into the windpipe still further interferes with the power of coughing. The patient, in croup, is, as I have said, unable to close his larynx well; still he can close it to a certain degree, and he is able to cough to that degree. The tube of course he is unable to close, and hence acrid matters about the tube are more liable to be drawn downwards, and therefore to become impacted in the lung, to produce pneumonia, and, in their passage downwards—so acrid is the matter—to produce bronchitis. It must be remembered that the inflammation extends downwards, not merely because the inflammation itself has a tendency to spread, but because the matter thrown out is acrid, and has a tendency to produce inflammation, which, in the constitutional state of the patient, will be membranous inflammation. Thus, in some cases of diphtheria, the ear is the seat of membranous inflammation, and acrid matter as well as lymph is poured out. It runs down the outer side of the ear. As it passes down it excites inflammation, and the inflamed surface becomes covered with a false membrane. That this false membrane is not the result merely of extension of the inflammation is probable from the fact that if a blister is applied to a person suffering from diphtheria the raw surface frequently becomes covered with lymph, with a false membrane, with a diphtheritic exudation. You will thus understand that the fluid exuded is an irritant; that this irritant produces inflammation; that the inflammation, in the constitutional condition, is attended with an exudation of lymph. It is a specific inflammation, because the person is suffering from a specific disease, just as, when a person is the subject of constitutional syphilis, the local inflammations assume frequently a syphilitic character, or, in the subject of cancer, local injury may cause changes of texture cancerous in nature.

This leads me to a point of some practical importance in regard to tracheotomy. It is commonly stated that the bronchitis which so frequently follows tracheotomy in diphtheria is the result of the entrance of the cold air through the tube. It is said that in ordinary breathing the air is warmed as it passes through the mouth and nose and the pharynx and larynx, and so it is warmed air only which comes in contact with the bronchial tubes; that the entrance of cold air excites inflammation, and hence that many patients operated on for tracheotomy in croup die from bronchitis. To prevent this entrance of cold air, and I should say also of dry air, the patient's bed is surrounded with blankets, and a tube discharging moist vapour is introduced within the blanket-curtains, so that the patient may breathe a warm and moist air.

It seems to me that, if the explanation I have given you be correct, there is no need for these special means—for these blankets and hot vapour. We know that if the larynx be opened for any other affection—for example, such a case as we have now in the hospital—there is no tendency to the occurrence of bronchitis, and the patient walks about and breathes the ordinary air, with very little protection, and without danger. A little protection may be necessary. Not only are these special means unnecessary, but in the disease diphtheria they are most injurious. They are most injurious because they tend to produce that exhaustion which is the cause of the fatal termination in so many cases during the second week of their illness. The relief which the patient experiences when you remove all this apparatus is marked. You must have seen it in the woman to whom I have referred. Thus you will understand that I think it most important for the success of the treatment of croup, should tracheotomy be performed, that the patient should be kept in a moderately warm atmosphere, a moderately moist atmosphere, but an atmosphere only so moist as may be produced by a kettle on the fire throwing a little moisture into the room, only so warm as shall be agreeable to the patient. I am sure that I have seen cases terminate fatally that would have recovered had they not been thus over-nursed, over-cared-for; had,

that is to say, the origin of the bronchitis been properly appreciated.

Holding the views which I now do, you will see at once that I should discard from the treatment of croup all those heroic remedies that were formerly regarded as indispensable—leeching, mercurializing, antimonizing; and I should advise you to treat them on the same principles as you would treat diphtheria with exudation, commencing in any other part—opening the larynx, however, if death is threatened by its occlusion.

Œdema glottidis, effusion of serum into the cellular tissue of the larynx, and especially of the aryteno-epiglottidean folds, although it may come on and does come on as an acute illness, is always secondary to some other affection, commonly to chronic disease of the larynx. If life be threatened by it, and the part be not relieved by puncture with the nail, or, if well within reach, by a lancet, then laryngotomy in the adult, tracheotomy in the child, is the remedy. Usually the part is well within sight, and by the use of a tongue depressor and by the aid of the finger there is not much difficulty in the diagnosis. The rapid, sudden development of extreme dyspnœa leads you at once to examine the part. You have only to be aware of the possibility of its occurrence to avoid an error in diagnosis, and you have only to know of its existence to determine its treatment. There is a large quantity of fluid accumulating about the entrance to the larynx; it is within reach of the finger, and can in many cases be let out. If it cannot, drugs are useless, and you must avert death by letting in the air below the point of obstruction.

In regard to an inflamed cyst, the finger and the eye are the aids to diagnosis. The finger will at once give you every necessary information. You feel a rounded smooth surface; you feel its connection with the margin of the epiglottis; you feel it extending backwards; you can trace, in fact, with the finger, all its relations without difficulty. The smooth elastic swelling and the feeling of fluctuation communicated to the finger are not, so far as I know, simulated by any other affection. The remedy is as certain as the diagnosis. With a lancet or a bistoury open the cavity, and the escape of the fluid affords immediate relief. Here, again, the great point is to be aware of the existence of such a trouble. Suspect, and there is no difficulty in the diagnosis.

A collection of pus in the cellular tissue on one side of the larynx I have seen cause very great distress to the breathing by compressing the larynx. I have seen a child brought within a few hours of death from this cause. The diagnosis is not always easy. There may be no redness of the surface, and the general restlessness and distress render, in the child, the presence of pain doubtful. There is, perhaps, a little general fulness of the part; and it requires careful examination, careful manipulation, to determine the nature of the trouble. The larynx is pushed over a little to one side, and this should at once arrest attention and direct the physician to the seat of the disease. Once having his attention fixed on the seat of the disease, the rapidity of the development of the trouble, the uneasiness and tenderness in the region before the difficulty of breathing commenced, will render the nature of the case probable; and a careful handling of the part will make the diagnosis certain. To overlook the abscess, to leave it unopened, may lead to the patient's death; the relief on opening is instantaneous.—*Lancet*, Jan. 16, 1875.

HOSPITAL NOTES AND GLEANINGS.

Two Cases of Epididymitis, treated with Ice and small doses of Tartar Emetic with Epsom Salts.—Of the early sequelæ of gonorrhœa, there is none which occasions more suffering to the patient, or entails more trouble upon the medical attendant, than acute inflammation of the testis, or rather of the epididymis; and of all local measures recommended for its subdual, fomentations, alone or after leeches, are perhaps now in most favour. The employment of leeches, however, is discountenanced by some justly reputed authors, who allege that leeches often increase the swelling of the scrotum, whilst they do

not materially shorten the duration of the attack. The practice of puncturing or making a cut into the inflamed organ with a bistoury for the purpose of relieving tension by division of the fibrous coat, originally recommended by Vidal de Cassis, and now advocated by some metropolitan surgeons, has not found many followers. The practice, in Mr. Hulke's opinion, is not so harmless as its chief advocate would have us believe; whilst it is, he says, incontestably inferior to the methodical application of ice—a measure which is harmless in itself, and superior also to fomenting and leeching. The caoutchouc ice-bags introduced by Professor Esmarch leave nothing to be desired. Mr. Hulke recommends that the scrotum should be elevated on a small, firm pillow put between the thighs, covered with one or two folds of dry rag (a precaution never to be omitted), and an India-rubber bag half filled with ice broken into small pieces laid upon it. Constant renewal of the ice, when it has melted, should be very strictly enjoined. This measure of itself will generally very quickly relieve the severity of the pain and great tenderness, so that after twenty-four hours the testis cannot infrequently be strapped; but its influence will be considerably assisted by the administration of small doses of tartar emetic with sulphate of magnesia, repeated at short intervals until they nauseate and purge, when their exhibition should be stopped.

1. A short, thin, swarthy labourer, aged twenty-seven, had a clap. In the third week, when the urethral discharge had become gleety, he fell whilst lifting a sack of corn; and soon after this his left testicle swelled and became excessively painful.

When admitted into Middlesex Hospital under the care of Mr. Hulke, the tenderness and the painfulness of the testis were so extreme that he walked hesitatingly, straddling his legs and bending his trunk forwards, so much did he dread any contact of the thigh with the inflamed organ. The epididymis, particularly its tail, was the part which was inflamed, the testis itself being scarcely swollen. The scrotum was red and œdematous. The patient was ordered to bed, the scrotum was raised upon a cushion, and a caoutchouc bag of ice was placed on it. The man was enjoined to ask for renewal of the ice whenever he should find it had melted. One-eighth of a grain of tartar emetic, with one drachm of Epsom salts, in an ounce of water, were ordered to be taken every half hour until nausea and purging were produced, upon which they were to be discontinued. Next day the swelling was much less, the scrotum also was corrugated, and no longer red. There was no pain, and but very little tenderness, so that the patient could bear handling of the testis. He was ordered to continue the ice during this day, and in the evening to discontinue it. The ice-bag was to be left on the scrotum for some time after the last ice had thawed, so that the temperature might rise slowly. If any pain returned, the ice-bag was to be at once replaced. On the third day the testis was strapped. Two days later, the strapping having become very loose, it was renewed; and on the sixth day after entering the hospital he was discharged convalescent as regarded the epididymitis. The testis with its epididymis was soft, neither tender nor painful, and scarcely appreciably larger than its fellow.

2. A porter, aged twenty-one, was admitted into Middlesex Hospital on Dec. 5th with the right testis, but especially its epididymis, very swollen, tender, and painful, and scrotum red and œdematous. Upon the front of the testis was a particular tender fluctuating spot, with hardness around it; and there was a thin, gleety, urethral discharge. The patient was ordered to take the same mixture as in the last case, at intervals of half an hour. After ten doses he was sick and purged, and the medicine was discontinued. The scrotum was raised on a pillow, and an ice-bag was placed on it. Next day the swelling, redness, pain, and tenderness were very much less. On Dec. 8th the fluctuation was not so apparent. On the 11th no fluctuation could be detected. The pain and tenderness had quite gone for a couple of days. The testis was strapped, and the strapping was subsequently twice

renewed. On the 18th the patient was discharged convalescent.

In this case, in consequence of an abscess threatening (an unusual circumstance), the ice-bag was kept on longer than in the first case, and, as the result showed, with the happiest effect.—*Lancet*, Jan. 23, 1875.

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Fracture of Outer Condyle of Femur, simulating Fractured Patella.—J. C——, a stonemason, aged sixty-eight, whilst clinging to a rope in order to put some pulleys right, lost his hold, and fell about twelve feet; his right knee, which was bent, coming violently in contact with the ground. On attempting to rise he was unable to do so, and was therefore at once carried to the hospital.

On admission on Nov. 8 into St. George's Hospital, under the care of Mr. Prescott Hewett, the patient complained of great pain in the right knee and inability to move the joint. The leg on the affected side was semiflexed, and there was some effusion into the knee-joint, on the outer side of which there was a bruise. When the hand was placed on the front of the joint, two movable pieces of bone could be felt, lying one above the other, with a depression between them in which a finger could be placed. Of these two pieces the lower was considerably larger than the upper. These signs at first sight seemed to indicate a transverse fracture of the patella through its upper part, but on closer examination this bone appeared to be entire. The upper portion of bone was a little to the outside of the lower, and on rubbing the pieces together no crepitus could be felt. On feeling for the lower border of the external condyle of the femur, and tracing it forwards, it seemed to terminate abruptly; and now, when the loose bone lying above the patella was pressed backwards and rubbed against the external condyle, crepitus was very easily obtained.

The patient was sent to bed, and a ham splint put at the back of the limb, which was swung in a Salter's swing. After this he did well; and as the effusion in the synovial membrane disappeared, which it did at the end of a week, the portion of bone which had been chipped off gradually fell back, came into contact with the broken surface of the femur, and in a month was firmly united in its original situation.—*Lancet*, Feb. 13, 1875.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Specialities in Medicine.—Dr. Jacobi, chairman of the Committee on the President's Address (New York State Medical Society), in his report made the following well-timed and just remarks on specialities of medicine, and we ask the attention of our readers to them.

"The general remarks of our President on the extinction of four hundred and fifty journals in the United States and Canada, and the unnecessary subdivision into specialities ought not to go unheeded. It is a matter of sincere congratulation on the part of all of us that those four hundred and fifty journals died so early, when there was no nerve-centre, no viability in them. Let us hope that many more of the same class will speedily fulfil their natural destination. We still have a large number of journals which express and contain nothing besides the desire of the editor or editors for notoriety, the title-page being the only original article, and the contents exhibiting the results of an active pair of scissors. Such publications, if they contrive to exist for any length of time, lower the tone of medical literature, demoralize particularly the younger members of the profession whose legitimate ambition and zeal are suppressed by beholding the facility with which notoriety is obtained, and diminish the chances of development on the part of better journals. This influence on the younger members of the profession ought not to be underrated. While they hope for success, they must look for the means of obtaining it. There are but few mortals whose ambition, both intellectual and moral, extends beyond the accomplishments and success of the best and most successful around them; but few who learn for the sake of knowledge, and work from inner necessity. Thus it is, that so many of them are blinded by the success

of older specialists to the manner in which these became not only specialists, but noted and successful men. They are too apt to believe, that to be successful nothing is requisite but to be specialists. Therefore they are apt to rush into a speciality as soon as, or before, they graduate, neglect general medical knowledge, and miss their aim, both scientifically and pecuniarily, because they ignored the fact that their admired examples were medical men before they were specialists, and went, so to say, with a large capital, and all their mind, into a special business. It is true that the *progress of medicine depends on the continued efforts of specialists.* But those who have contributed most to the advancement of our science, were men who did not select a special work before mastering the domain of universal medicine, but selected it on the foundation of a general thorough education and knowledge. The brief remarks of the President, your Committee consider very timely indeed. While they do not disparage special studies and specialities of practice, they contain a wholesome warning against the heedless neglect of general medicine. Special journals, finally, while—when thoroughly scientific—they will not command a large sale, are *not only valuable but necessary.*"—*Medical Record,* Feb. 27, 1875.

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University of Pennsylvania; Auxiliary Faculty of Medicine.—The tenth annual course of lectures will commence on Monday, March 22d, and will continue until June 12th. Three lectures a week will be delivered by each professor; and, in order the more fully to meet the engagements of the students, the lectures will be given in the afternoons.

The trustees of the University have authorized the conferring of the degree of Doctor of Philosophy (Ph.D.) upon *graduates of medicine of the University of Pennsylvania, or of other medical schools upon the ad eundem list,* who shall have attended two full courses of lectures by the auxiliary faculty, and have passed a satisfactory examination before this faculty.

The faculty consists of Harrison Allen, M.D., Professor of Zoology and Comparative Anatomy; Horatio C. Wood, Jr., M.D., Professor of Botany; Henry Hartshorne, M.D., Professor of Hygiene; John J. Reese, M.D., Professor of Medical Jurisprudence, including Toxicology; Samuel B. Howell, M.D., Professor of Mineralogy and Geology, and Dean.

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Obstetrical Section of the American Medical Association.—We have been requested to announce to those who have papers to read before this Section at the next meeting, to forward them either to Dr. Byford at Chicago, or to Dr. S. C. Busey at Washington, in order that proper arrangements may be made for their reading.

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Medical Graduates in 1875.—

University of Pennsylvania	100
Jefferson Medical College (Phila.)	170
College of Physicians and Surgeons, New York	108
Bellevue Hospital Medical College, New York	194
University of the City of New York	95
Syracuse University	21
Yale College	7
University of Maryland (Baltimore)	50
College of Physicians and Surgeons, Baltimore	39
Medical College of Ohio (Cin.)	101
Cincinnati College of Medicine and Surgery	28
Rush Medical College (Chicago)	77
Nashville and Vanderbilt University	58
Louisville Medical College	83
Louisville Hospital College of Medicine	56

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Philadelphia College of Pharmacy.—At the 54th annual commencement of this school, held on the 16th of March, the degree of "Graduate of Pharmacy" was conferred on 82 candidates.

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American Clinical Lectures.—G. P. Putnam's Sons have commenced the publication of a series of Clinical Lectures, edited by E. C. Seguin, M.D., which it is announced are to be by representative American teachers upon topics of prac-

tical interest. Two of these have appeared, one, "On Disease of the Hip-joint, by Lewis A. Sayre, M.D.;" the second, "On Acute Rheumatism in Infancy and Childhood, by A. Jacobi, M.D." Both of these lecturers are authorities on the subject they discuss. The enterprise deserves encouragement.

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Obituary Record.—It is with profound regret that we record the death on the 4th of March last, at his residence in this city, in the 67th year of his age, of our valued friend Geo. W. Norris, M.D., Vice-President of the College of Physicians of Philadelphia.

Dr. Norris was a thoroughly instructed and skilful surgeon. He enjoyed the highest reputation for sound surgical judgment, and his counsel was frequently sought. For thirty years he was one of the surgeons to the Pennsylvania Hospital, and the large experience there gained with his laborious investigation of the hospital statistics was embodied in various articles published in the *American Journal of the Medical Sciences*, and subsequently collected in a volume under the title of "*Contributions to Practical Surgery.*"

He was among the first in this country to employ the statistical method of investigation as applied to surgery, and is perhaps most extensively known by his essays on the "*Statistical Results of Operations upon the Larger Arteries*," and upon "*Fractures and Amputations*," as shown by the records of the Pennsylvania Hospital, and by his able paper "*On Ununited Fractures.*"

As a man, Dr. Norris was as much respected for his personal character as he was esteemed for his skill as a surgeon. His character was spotless, and may be advantageously held up as a model for imitation. Modest, courteous, dignified, charitable, and high minded to a chivalric degree, he was beloved by all who knew him, and it may be truly said that in the whole course of his life his conduct was beyond reproach. The appreciation in which he was held in his native city is, to some degree, shown by the numerous and important positions of honour and trust which were conferred on him; among which may be mentioned that of Vice-President of the College of Physicians of Philadelphia, President of the Board of Managers of the University Hospital, Trustee of the University of Pennsylvania, Vice-President of the Alumni Association of the University of Pennsylvania, Consulting Surgeon to the Children's Hospital of Philadelphia, and to the Orthopædic Hospital, President of the Historical Society of Pennsylvania, Member of the Société Médical d'Observation of Paris, and of other scientific and learned societies.

"At a special meeting of the College of Physicians of Philadelphia, held March 6, 1875, the following resolutions were unanimously adopted:—

"*Resolved*, That the Fellows of the College of Physicians have, with sincere sorrow and unusual emotion, heard of the death of Dr. George W. Norris, the Vice-President of the College, which occurred on March 4, after a long and painful illness.

"*Resolved*, That, while submitting with reverence to the decree of Providence depriving them of one of their most esteemed associates, they cherish the consolation that regret for the loss sustained in his decease is accompanied by imperishable recollections of his personal worth.

"*Resolved*, That the Fellows of the College have been deeply impressed by the courteous and gentle bearing of their late Vice-President, by his honourable conduct and high tone in his relations with his associates, by his studious avoidance of everything incompatible with the dignity of the profession of medicine, and by his entire freedom from all invidious personal assertion, while fully appreciative of the obligations of duty.

"*Resolved*, That they regard his life and professional career as models worthy of imitation, and as eminently illustrative of the principles which have animated the conduct of the great and the good men of our profession.

"*Resolved*, That his memory will be ever venerated for his whole-souled devotion to the interests of the profession, for his faithful maintenance of them, and for

his life-long endeavour to promote the advancement and efficiency of that profession by his personal contributions."

———, died, in New York, on the 13th of Feb. last, Edward Delafield, M.D., LL.D., aged eighty-one.

Dr. Delafield graduated at Yale College in 1812, and four years afterward received his Medical degree from the College of Physicians and Surgeons, New York. Nine years later he was appointed Professor of Obstetrics in that institution, a position which he held until 1838, when increasing private practice compelled him to resign it as well as the post of Physician to the New York Hospital. In 1842 he founded the Society for the Relief of the Widows and Orphans of Medical Men, and was its first President. At the time of his death he was President of the College of Physicians and Surgeons, and of the Board of Governors of the Roosevelt Hospital.

In 1821, in conjunction with Dr. J. Kearney Rogers, he instituted the New York Eye Infirmary, the first special Institution of the kind in this country, preceding the Pennsylvania Infirmary for Diseases of the Eye and Ear by a few months.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—Surgeon-Major C. E. Smith reports (*Lancet*, Feb. 13, 1875) the case of a bombardier, aged 19, who underwent an operation for the removal of the third toe which was anchylosed. Heart was healthy. One drachm of chloroform was administered on lint, and then two drachms, and the patient came under its influence without struggling or undue excitement. A fourth drachm was poured on the lint just before the operation commenced, but was only partially inhaled, as the patient became fully under the influence of chloroform immediately after, and the lint was at once laid aside. At this moment both the pulse and respiration were good. Suddenly, just as the operation was complete, which I should say was in about four minutes, the pulse suddenly failed, and the face became pale and livid. I immediately gave the alarm to Dr. Kilroy, who ordered the window to be thrown up, water was dashed over the chest, and the pillows were removed from under the head. During this time respiration was still going on, for a few seconds stertorous, but subsequently sighing, and becoming gradually fainter, until at last the strong liquor ammoniæ was applied to the nostrils to excite respiratory action, and frictions to the extremities, with brandy, also kept up. Still no return of the pulse. Artificial respiration was then resorted to, and kept up until two other medical officers, who had been sent for from another part of the hospital, arrived, by whom it was suggested that the method adopted by Nélaton, and lately reported on in this country, should be adopted—viz., inversion of the body. This was immediately carried out, and kept up for over an hour. Galvanism was also resorted to at the same time. Respiration had quite ceased, and the man appeared to be quite dead before this; still some hope was entertained that the success which attended in the cases referred to might also again happen. But, to our deep regret, such was not the case; not the least flutter of the pulse or attempt at respiratory action was again observed, and we were reluctantly compelled to desist from our efforts to restore life.

Another case is reported in the *British Medical Journal* for Feb. 27, 1875. The victim was a male, aged 56, who was admitted into the Sheffield Public Hospital, suffering from epithelioma of the tongue. His heart being healthy, chloroform was administered Feb. 19, prior to the removal of the tongue by the galvanic cautery. Three drachms of chloroform were administered; at the end of ten minutes, the respiration became irregular and then ceased, the heart continuing to beat some little time thereafter. At the autopsy nothing was found to explain the death.

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Chloroform Poisoning: Resuscitation by Nélaton's Method.—Dr. Freuzal reports (*Progrès Médical*, Jan. 30th) a case in which a child, apparently dead from the administration of chloroform, was recalled to life by inversion and suspension by the feet, and forced movements of the chest.

The case forms an interesting pendant to those related recently by Dr. J. Marion Sims and Sir J. Rose Cormack. The lips and face were discoloured, and there was neither heart-action, pulsation, nor respiration. The effect of inversion was very rapid, and markedly effective.—*Brit. Med. Journ.*, Feb. 13, 1875.

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Glycerine in Diabetes.—Diabetic patients lose a great deal of sugar, which in a state of health would be changed into carbonic acid and water. A great deal of respiratory heat is thus lost, and the patient must therefore use adipose matter and protein compounds for breathing purposes. To save the protein matters, glycerine is administered, since it has been shown by physiologists that it cannot be transformed into sugar within the economy, but is ultimately changed into carbonic acid and water. Thus respiration is supplied, and no tissues actually wasted. It is stated in the *Mouv. Méd.* of Jan. 23d, 1875, that Prof. Schultzen gives in such cases from six to eight drachms of glycerine per diem. The remedy should be continued uninterruptedly for one month, the doses remaining the same, as large ones are apt to give rise to diarrhœa.—*Lancet*, Feb. 20, 1875.

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Treatment of Scabies.—Dr. F. W. Clemens, of Rudolstadt, recommends (*Allgemeine Medicinische Central-Zeitung*, Dec. 9, 1874) inunction with arsenic as a means of destroying the acarus of itch. The following are the proportions of the ingredients in his formula: Arsenous acid, 1 part; carbonate of potash, 20 parts; soap-spirit (soap-liniment?), 200 parts; water, 2000 parts. Some of this is rubbed into the affected parts twice daily. The carbonate of potash increases the solubility of the arsenic, and prevents too rapid desiccation; and the soap-spirit facilitates the passage of the remedy into the cuticle. Dr. Clemens says that he has tried this treatment for five years with complete success, and without having on any occasion observed gastric disturbance or any other ill effect.—*Brit. Med. Journ.*, Feb. 27, 1875.

Forcipressure.—M. Verneuil, the eminent Professor of Surgery at the Paris Faculty, has lately revived the practice of arresting hemorrhage by means of forceps left *in situ* where a ligature cannot be applied. He shows that, since the middle of the eighteenth century, surgeons have had recourse to forcipressure, either by instruments devised for the purpose, or by means of any compressing apparatus just at hand. M. Verneuil himself has succeeded in a remarkable manner in arresting hemorrhage in the way indicated, where the finding of the bleeding vessel was out of the question. Every surgeon knows how useful "bulldogs" frequently are, the advantage of the forceps over them being that the former can be carried to a greater depth. Nor should it be forgotten how often the sharp hook is advantageously used for raising a bundle whence the blood proceeds. One is also forcibly reminded of Simpson's acupressure, and of Vanzetti's uncipressure; but Prof. Verneuil's recommendation ought also to be borne in mind, and forceps, with continuous pressure, should always be at hand.—*Lancet*, Feb. 6, 1875.

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Delay in the Coming away of Ligatures.—M. Gueniot, at a recent meeting of the Société de Chirurgie, exhibited a boy, æt. 6, for whom he had performed amputation of the arm by the flap operation, on account of a white swelling of the elbow. The wound united by first intention almost throughout its entire course, but, although sixty-six days had elapsed, the ligature which was passed around the brachial artery had not come away, notwithstanding even energetic traction. However, as M. Guéniot, wishing to demonstrate the fact to his colleagues, drew upon the ligature rather forcibly, it to his surprise became at once detached. Having asked his colleagues for an explanation of this delay, M. Dubrueil suggested that the ligature had become imprisoned in the cicatricial tissue. M. Verneuil observed that he had not infrequently met with analogous cases, and had remarked that the adhesion of the ligatures bore an inverse relation to the amount of inflam-

mation which existed in the wound; the less the inflammation, the longer the adhesion of the ligature. He had seen ligatures applied after the removal of the breast, that could not be detached a month or six weeks after the operation. So, too, metallic sutures may persist for an indefinite time, owing to the little irritation they excite in the tissues. Several surgeons, indeed, have renounced their employment in consequence of these interminable delays. In M. Guéniot's case, immediate union of the wound had taken place at once, and the absence of inflammation explains the difficulty in removing the ligature. M. Perrin, while agreeing with M. Verneuil's opinion, believed that there may have been more than one cause at work, experience having shown him that delay in the fall of ligatures depends, in some cases, on the fact that fibrous tissue has been included in the ligature. M. Desprès agreed in this view, and had also observed in some cases that the ligatures have been detained amidst cicatricial tissue, or within a mass of granulations. M. Guéniot remarked that, if M. Perrin's explanation held good, we ought, in applying a ligature, to endeavour to include with it some of the adjoining tissues, in order to prevent its premature detachment, and the occurrence of secondary hemorrhage. This, M. Trélat considered, would be to return to the principle of the mediate ligature, which has been condemned in modern practice. When ligatures are slow in coming away, they are often retained by fibrous tissue, and in some cases by small fragments of the bone of the stump in the vicinity of the artery. M. Verneuil observed that the premature discharge of ligatures usually depends upon excess of inflammation in the stump. When the wound goes on well, the ligatures may persist for a long time. He had never known them arrested by granulations. M. Marjolin had, however, met with cases in which the granulations had caused the delay; and it had been necessary to remove the ligature at its knotted end, because the exuberant granulations had covered it in a kind of tunnel, whence its removal became difficult without lacerating the granulations and causing them to bleed.—*Med. Times and Gaz.*, March 6, 1875, from *L'Union Médicale*, Feb. 23.

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Ovariotomy during Pregnancy. — Dr. Thomas Keith exhibited, at a late meeting of the Medico-Chirurgical Society of Edinburgh (*Edin. Med. Journ.*, January, 1875), an ovarian tumour which he had removed from a patient in the fifth month of pregnancy. It was of rapid growth, and had been tapped three weeks before operation. The patient had done well. He further drew the attention of the members to the fact that he had now performed ovariotomy 190 times, with a mortality, during the last three years, of under ten per cent.

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Ablation of the Inverted Uterus taken for Polypus.—A series of interesting articles has lately been published in *L'Union Médicale* on uterine polypi. Among the examples of wrong diagnosis the author mentions a case in which the inverted uterus felt to the finger like a polypus. The surgeon slipped the chain of the écraseur on the neck of the supposed polypus, and removed it. The mass proved to be the whole inverted uterus. The attacks of metrorrhagia ceased, and the patient did well. Petit is said to have made the same mistake. Vieussens also removed the uterus under the same impression; the patient lived for ten years after the operation. The post-mortem examination showed that a small piece of the cervix had been left. The same misfortune happened to Bouchet, Slevogt, Boyer, and Jobert de Lamballe. The latter surgeon, when pulling down the mass with the vulsellum, perceived that he had to do with the uterus; he desisted, but the traction caused peritonitis, which carried off the patient.—*Lancet*, Feb. 13, 1875.

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A Supposed Case of Renal Calculus.— Mr. Annandale communicated this case to the Medico-Chirurgical Society of Edinburgh (*Edinb. Med. Journ.*, Jan. 1875). The chief points to which he drew attention were the well-marked nature of the symptoms, the safety with which, by means of antiseptic precautions,

he was enabled to cut down on the kidney; and also that, although he had been unable to find any calculus, the distressing pains had been effectually removed by the operation. This last fact he thought could be explained by supposing that the incision acted as a strong counter-irritant.

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On Unsuspected Calculi in the Bladder.—Mr. John Foster reports (*The Lancet*, October 10, 1874) the case of a gentleman, aged seventy-six, who had a narrow stricture at the orifice of the urethra. He had considerable frequency in making water, but had suffered no pain, and never passed any blood. The stricture was divided, and a catheter introduced to ascertain if he emptied his bladder. With the urine came a large number of very small calculi, and, by injecting warm water, over a thousand were washed out. They had never caused him any inconvenience.—*London Med. Record*, Dec. 30, 1874.

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Avulsion of the Scalp.—Mr. Boutflower showed to the Manchester Medical Society, Dec. 2d, 1874, a case in which the entire scalp had been torn off by machinery, and in which the skin had been successfully reproduced by means of transplantation.—*Brit. Med. Journ.*, Feb. 6, 1875.

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On a New Method of Estimating the Quantity of Pepsin by the Colour.—P. Grützner describes this method in *Pflüger's Archiv*, vol. viii. (abstract in *Centralblatt für die Medicin. Wissenschaften*, No. 20, 1874). Fibrin is to be coloured by placing it in a solution of carmine, then immediately preserved in glycerine, and before making an experiment, after washing away the glycerine, it is placed in dilute hydrochloric acid (two per cent.) until it swells up. By this means a beautiful red coloured jelly-like mass is obtained, which is easily dissolved in digesting fluid, and just in the degree to which it dissolves is it coloured red. The greater quantity of pepsin in the fluid to be investigated, the quicker does the solution of fibrin take place (*cæteris paribus*), and therewith the red colouring of the fluid. This method is as equally well fitted for the detection of small quantities of pepsin, as for the comparison of the quantity of pepsin in two fluids.—*London Med. Record*, Jan. 6, 1875.

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Mode of Formation of Urea in the Body.—In the last part of the *Zeitschrift für Biologie* (Band x., Heft 3) Dr. Knieriem gives the results of a series of observations and investigations he has made to determine the origin of urea in the body. Shortly stated, they are to the following effect: 1. Ammonia is excreted by the urine under normal conditions, though in what precise condition is unknown. Its quantity is slightly increased when ammonia is taken internally. By far the largest part, however, leaves the economy as urea, and ammonia therefore, like leucin, is to be regarded as an antecedent of urea in economy. 2. Asparaginic acid and asparagin also undergo metamorphosis into urea in the body. They may with most certainty be regarded as antecedents of urea when they appear amongst the products of the artificial digestion of the proteids, or when they are formed in any other way in the economy. 3. Sal ammoniac is retained longer in the organism than asparaginic acid or its amid, and this especially holds good in regard to the chlorine. 4. No conclusions can be drawn in regard to the behaviour of any substance in the body from its chemical composition. A special series of experiments is required to determine this for each substance.—*Lancet*, Jan. 16, 1875.

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Improved Elastic Tourniquet.—Dr. David Foulis, at a recent meeting of the Glasgow Pathological and Clinical Society (*British Med. Journ.*, Feb. 6, 1875), showed an instrument he had devised, which was now made and kept by Hilliard. It supplied a want felt in applying Esmarch's elastic band, namely, a simple and efficient means of fastening the band at any point. It consists of two connected metal tubes: one to hold the band, the other to catch it at any degree of tension. To apply it, the band is stretched across the limb, the catch being in the middle; the ends are then passed under and around the limb, and brought up and slipped into the slit of the upper tube,

while on the stretch. The expansion of the India-rubber, on relaxation, fixes the ends firmly in the catch. To remove the pressure, the ends are stretched, and, while thus narrowed, are lifted out of the slit. Dr. Foulis showed various applications of this tourniquet on a patient (for amputation at the shoulder-joint, upper part of the thigh, etc.). He said that the elastic tourniquet prevented bleeding from the veins, as well as the arteries, without any previous bandaging of the limb being required, provided the limb were elevated for a short time before its application, so as to remove engorgement; the veins were thus converted into tubes closed at the upper end. He also said this catch allowed a relaxation of the pressure to be made gradually, so as to guide the surgeon in the tying of the smaller arteries cut at an amputation; by putting one of the turns on loosely and the other more tightly, the latter could be removed at the desire of the surgeon in the picking up of the arteries. There had, however, been no opportunity as yet of testing the instrument in actual operation.—Various members tested the efficiency of the catch, and expressed their satisfaction with its simplicity and freedom from slipping.—Dr. Alexander Patterson thought such a portable tourniquet, so efficiently and so easily and rapidly applied, would form a valuable instrument for military practice on the field.

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Outbreak of Puerperal Fever.—Our attention has been directed to a severe outbreak of puerperal fever in the neighbourhood of Wandsworth-road and Battersea-park. We have personally investigated the circumstances of the death of four of the cases, and learned particulars of several others. The cases seem to have occurred in the practice of one midwife, and in the four instances above alluded to she was distinctly the source of the infection. The duty of the medical men in the neighbourhood is obvious: they should refuse to sign any certificate of death in any case of puerperal fever occurring in the practice of this midwife, and thus compel the coroner to hold an inquest. This has been done as yet in only one case, and at the time of our visit we learned that the coroner had refused to take cognizance of the death. At Coventry, where a similar outbreak has taken place, we learn with satisfaction that a midwife, Elizabeth Ingram, has been committed for trial on a charge of manslaughter by a coroner's jury for communicating puerperal fever to her patients. It appears she had been warned by the coroner on December 1st to abstain from practice, but did not do so. Since then two inquests have been held in fatal cases attended by her. Such examples are sadly wanted, and the coroner of the Wandsworth district will, in our judgment, be neglecting his duty if he does not attempt to prevent this woman continuing to bring death and desolation into the homes of her poor patients, who, ignorant of the fatal poison attached to her, solicit her aid.—*Lancet*, Jan. 16, 1875.

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On the Effect of Electricity on the Spawn of the Frog.—M. Onimus, in a recent communication to the Société de Biologie, of Paris, states by electrifying the eggs of the frog, the development of those which are in connection with the negative pole will be accelerated, whilst the hatching of those in connection with the positive pole will be either retarded or stopped—*London Med. Record*, Nov. 4, 1874.

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Bacteria.—MM. Traube and Goscheidlen write to *Dingler's Polytechnic Journal*, to state that the bacteria, which adhering to water give rise to putrefaction in dead organic matter, are killed if injected, even in large quantities, into the circulating system of living animals. Thus, blood drawn from a rabbit, into which 1½ cubic centimètres of a fluid containing bacteria had been injected twenty-four hours previously, did not putrefy for months, a proof that the injected bacteria had been destroyed in that short time. From these data and similar, they conclude that the putrefactive bacteria are not to be found in the infectious poisons hitherto looked upon as dangerous. In their action they differ altogether from the contagious bacteria (viz., of spleen inflammation, smallpox) which cause pyæmia. Accord-

ing to Davaine, the 1-100,000 part of a drop of splenic inflammation blood is sufficient to develop splenic inflammation in a healthy animal (this blood contains the bacterium known as *Bacillus anthraces*). The circumstance, that, if putrefactive bacteria do not exist in the animal organism, they are destroyed therein, is indeed an essential condition of the continuance and progression of the entire organic world.—*The Sanitary Record*, March 6, 1875.

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Extraction of a Leech from the Larynx.—In the *Gazzetta Medica Italiana*, No. 48, 1874, Prof. Vanzetti, of Padua, reports for Dr. Gesualdo Clementi, of Caltagirone, Sicily, the following remarkable case: On August 15, 1874, the latter was called to a patient who had been suffering for a fortnight from cough and hæmoptysis. She was a woman of fifty-eight, who had always enjoyed previous good health, and had never had anything the matter with her chest before. She was now quite aphonic, and had repeated attacks of severe dyspnœa. On examination of the pharynx nothing was found which would account for the symptoms, and with the exception of slight recession of the lower intercostal spaces during inspiration, and a few râles at the bases of the lungs, nothing abnormal could be discovered in the chest. As the paucity of physical signs rendered it improbable that the hæmoptysis was due to a tubercular process in the lungs, or the aphonia to tubercular ulceration of the larynx, the throat was at once examined with the laryngoscope, in the hope that the diagnosis might be cleared up by its means. It was then found that the opening of the glottis was occupied by a leech, which was attached to the superior extremity of the right arytenoid cartilage by its oral disk. Only the first few rings of its body could be seen during tranquil respiration, since the remainder was hidden beneath the vocal cords; and later observations rendered it probable that the posterior sucker was fixed to the hinder wall of the trachea, a little above the cricoid cartilage. Numerous attempts were made on the same day to remove the animal with a pair of laryngeal forceps, but they all proved futile; partly because the body of the leech so nearly filled the opening of the glottis that there was not space for the passage of the forceps; and partly, and to a still greater degree, on account of the tenacity with which the leech adhered to the interior of the larynx. On the next day, August 16, Dr. Clementi again made an effort to extract it, and this time with success. By using a pair of forceps with small recurved teeth, and by making the patient expire deeply, he was able, as the leech had not changed its position since the previous day, to seize the middle of its body, and to draw it upwards as high as the base of the tongue, and at a second trial to detach the oral disk from the ary tenoid cartilage, and to draw the animal up into the mouth. An assistant then seized it with a pair of nasal polypus forceps, and at last succeeded, by twisting the body on its axis, in detaching the posterior sucker, and freeing the larynx of its dangerous tenant. The patient was immediately able to speak out loud and to breathe freely. In answer to the question how the leech could have entered the larynx, she stated that she remembered one day having placed some lettuces near a vessel containing drinking water, and that the leech had probably fallen out of the lettuces into the water. The leech was found to be the *hirudo sanguisorba*, commonly known as the horse-leech, which differs from the medicinal leech in adhering firmly for many days after it is gorged with blood. Dr. Clementi points out, in commenting on the case, that it completely negatives the ordinary idea that the continued presence of a foreign body in contact with the mucous membrane of the larynx will produce spasm of the glottis intense enough to suffocate the patient. He calculates that a force of more than two kilogrammes was required to detach the leech. This is the third case in which a leech has been discovered in the larynx, and extracted by the help of the laryngoscope. Dr. Trolard reported the first case in *L'Algérie Médicale*, 1870, No. 29; and Dr. Massei the second, in the *Morgagni*, October, 1874, p. 750.—*Med. Times and Gaz.*, Jan. 16, 1875.

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TABLE OF CONTENTS.

Part I. *General Dietetics.*

Chap. I. Theories of Dietetics. II. On the Choice of Food. III. On the Preparation of Food. IV. On Digestion and Nutrition.

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Chap. I. Regimen of Infancy and Motherhood. II. Regimen of Childhood and Youth. III. Commercial Life. IV. Literary and Professional Life. V. Noxious Trades. VI. Athletic Training. VII. Hints for Healthy Travellers. VIII. Effects of Climate. IX. Starvation, Poverty, and Fasting. X. The Decline of Life. XI. Alcohol.

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Chap. I. Dietetics and Regimen in Acute Fevers. II. The Diet and Regimen of certain other Inflammatory States. III. The Diet and Regimen of Weak Digestion. IV. Gout and Rheumatism. V. Gravel, Stone, Albuminuria, and Diabetes. VI. Deficient Evacuation. VII. Nerve Disorders. VIII. Scrofula, Rickets, and Consumption. IX. Diseases of Heart and Arteries.

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VOL. XXXIII. MAY, 1875. No. 389.

CONTENTS.

LECTURES.

Abstract of a Lecture on the Relation of Bacteria to the Chemical and Physical Processes which constitute the Life of the Higher Animals 65

CLINICS.

Clinical Remarks on the Simulation of Dislocation into the Axilla after Union of Fractures through the Tuberosities of the Humerus 72

MEDICAL NEWS.

Domestic Intelligence—Posterior Staphyloma, etc. 73
Impaction of Coin in Œsophagus . . . 74
American Medical Association . . . 74
Medical Graduates in 1875 (continued from p. 56) 74
University of Nashville and Vanderbilt University 74
Hospital of the University of Pennsylvania 74
Medical Department of Harvard University 74
Appointment 74
Bellevue Hospital Medical College . . 74
Association of Ex-Confederate Surgeons . 74
Obituary Record 74
Foreign Intelligence—The Germ Theory of Disease 75
Action of the Septinous Poisons on the Production of Fever 75
Action of Salicylic Acid in Bacteria . . 76
Bromide of Potassium in Migraine . . 76
Ergot in Acute Mania and other Hyperæmic States of the Nervous Centres . . . 77
Removal of Goitre; Previous Ligature of Arteries 77
Dangers of Forced Taxis 77
A New Point in the Diagnosis of Ovarian Disease 77
A New Form of Glycosuria 78
The Drawbacks of Esmarch's Ischæmia . 78
Death from Chloroform 78
Mode of Death from inhaling Nitrous Oxide 78
Mistaken Identity 78
Dislocation of Humerus Reduced after Five Months 79
Hypospadias and Epispadias 79
International Medical Congress . . . 79

STOKES ON FEVERS . . . . . 16 PAGES.

LECTURES.

Abstract of a Lecture on the Relation of Bacteria to the Chemical and Physical Processes which constitute the Life of the Higher Animals. By J. BURDON SANDERSON, M.D., Prof. Phys. in Univ. Coll.

As introductory to my subject, I must give a short account of the natural history of the organic forms which we now, following high botanical authority, group together under the term bacteria. Secondly, I shall consider the question of their general influence on the processes of life of the higher animals, and the mode in which this is exercised. This will prepare us for discussing the question how far they act as morbific poisons, or as the vehicles of such poisons, or are characteristic of specific diseases. I would remind you that the question we have before us is not that of the origin of bacteria, nor that of their place in nature, but the more restricted one of their influence on ourselves, and on the lower animals whose life, whose health, and whose diseases are but the counterparts of our own.

It is because they are constantly invading our bodies and attacking the living protoplasm by which the work of life is carried on in our tissues, that we, as pathologists, take an interest in their natural history. It is for this reason that questions relating to them, which at first sight seem recondite and remote, have a direct and immediate bearing on practical

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questions. For if, as I shall endeavour to show, they are constantly present to us—constantly mixing up their life with ours—we cannot wisely remain ignorant of their nature. We do not aspire or profess to be botanists; but, if plant-forms and plant-life associate themselves with the very processes which it is our business to study, we must become botanists for the occasion.

In the short introductory account I shall give of the forms of bacteria, I shall follow Professor Cohn (*Ueber Bacterin, die kleinsten lebenden Wesen*, Berlin, 1872), as being the only botanist of high authority who has given special attention to the subject. For the remainder of what I have to say, I am myself answerable. I shall, however, make it my endeavour not to vindicate the views which I have advanced myself, or which others may have attributed to me; but to place before you a general view of the work that has been done during the four years which have elapsed since the subject began to occupy the serious attention of pathologists.

Morphology and Natural History of Bacteria.—The first fact that I shall advance with respect to bacteria is, that they are the smallest and least organized of all living beings. As regards size, it is best to judge by comparison with objects with which we are microscopically familiar. The most common rod-like forms are in length about one-third of the width of a blood-corpuscle; *i. e.*, about $\frac{1}{3000}$th of an inch—so small that, if we examine a liquid containing them, with the ordinary magnifying powers used for histological observations, we can scarcely be said to see them to any practical purpose. It is necessary to have recourse to the best microscopes and the highest powers, if it be desired to observe them in such a way as to arrive at useful results.

What grounds have we for stating that they are the lowest organisms? One is, that they present only very slight differentiation of parts; but in this sense they are certainly not simpler than many other forms that might be referred to. The chief ground for the statement lies in this, that they are much less *specific* in their characters—much more under the influence of the conditions under which they originate and are developed—than organisms of any other class. Just as in the higher animals and in man himself we call those functions lowest which are most completely automatic—*i. e.*, most completely under the guidance of known conditions—so also, as regards form, we recognize that while all animal and vegetable forms, even the highest, are moulded by circumstances to fit their places in the economy of nature, this moulding power—this adaptation of form to circumstance—becomes more and more obvious the lower we descend in the scale of development.

The next fact relates to the *habitat* of bacteria—to the medium in which they live—water. They inhabit water either as such in the ordinary sense, or in the various conditions recognized as *moisture*, whether occurring on damp surfaces or as filling the interstices of solid bodies, which bodies, when so impregnated with water, are said to be damp. Those who are familiar with chemical work know that this quality of dampness goes a great deal further than the popular notion of it; that many things ordinarily called dry yield, when subjected to the drying processes commonly used in the laboratory, evidences of being really moist. Consequently, moisture, regarded as a limiting condition of bacterial life, is a very wide and comprehensive one.

From this statement, it must not be understood that bacteria do not exist in the atmosphere. But their existence there in an active form strictly depends on moisture. They attach themselves, without doubt, to those minute particles which, scarcely visible in ordinary light, appear as motes in the sunbeam, or in the beam of the electric lamp. It is by the agency of these particles that they are conveyed from place to place.

Notwithstanding that the word bacterium means a rod, and that many of the forms to be immediately referred to are not rod-like, I am obliged to use it, because it is used by others as a general term for the whole group of organisms known to botanists as *Schizomycetes*.

Bacteria have, as a rule, two states of

existence—a state of activity and a state of rest. When a liquid teeming with bacteria in the active state is observed under the microscope, the attention is so riveted, that it is an effort to take away the eye from the instrument. The movements have been often described. In the case of rod-shaped bacteria, the axial movement in which the rod advances or retreats in the line of its axis, the direction being frequently reversed, is the most common. This kind of locomotion occurs often by fits and starts, the body remaining in the intervals quite still, or assuming a pirouetting or spinning movement. In all rod-like bacteria, it is probable that the progressive or axial movement is associated with rotation, for, in observing the motion of vibrios, it is easy to see that they, in progressing, twist round the axis of the spiral. When this is the case, it looks as if the filament were executing a wriggling motion, *i. e.*, as if its body were contractile; but this is obviously deceptive. The mechanism of the motion is as little understood as those of *Oscillatoria*, which it closely resembles. It must be carefully distinguished from the passive motions which are exhibited by all particles of size comparable to that of bacteria, when suspended in a liquid of which the density does not differ very widely from their own. We shall find afterwards that certain forms of bacteria appear to be motionless in all stages of their existence.

Rod-bacteria multiply by repeated bisection. This mode of multiplication goes on continuously, the rate varying with the conditions of life, and particularly with temperature. Under favourable circumstances, it is enormous. From actual measurement of the time which elapses in a single case between a bisection and the division of each half into quarters (in other words, of the longest time that a single bacterium remains without dividing), it has been ascertained that the interval in question, in common bacteria, is about an hour. This being the case, it is easy to compute that every single bacterium must produce 16,777,220 individuals in twenty-four hours. Putting it otherwise, the progeny of a mass of bacteria weighing $\frac{1}{2400}$ grain would, at the end of a day, weigh a pound.

In the largest forms of bacteria, it can be made out that each individual consists, not, like an animal cell, of one sort of living substance,[1] but, like a plant-cell, of a protoplasmic interior inclosed in an envelope of cellulose, by virtue of which the bodies of bacteria are enabled to resist the action of reagents, particularly weak acids and alkalies, which dissolve protoplasm. In those bacteria which separate from each other, as soon as they assume the form of distinct individuals, the more stable external part presents itself as a mere envelope; but when, as very usually happens, the progeny which results from a continuous succession of divisions remains in a state of aggregation, the envelope appears to become identified with the "gelatinous" matrix by which they are held together. This observation was made more than twenty years ago by Cohn, who devised the term zoogloea as a general designation for the clumps, or, as Hallier calls them from the mode of aggregation above described, "colonies." You will find that this term is now very constantly used by writers on the subject, for these gelatinous masses occur under a great variety of circumstances. In form, they are mostly either spheroidal or membranous, and have this one characteristic which is noteworthy, that their structure is such as to indicate that they grow at their surfaces or margins, not interstitially. Thus, for example, in the spheroidal forms, which, as seen under the microscope, present a more or less circular outline, it is obvious that the multiplication of individuals is most active near the edge. The membranous forms, on the other hand, often present a growing outline in one direction, a disintegrating one in the other.

We are not able to state that the process of repeated division into two is the only one by which bacteria come into ex-

[1] In using the expression "one sort of living substance," I must guard against being supposed to mean that any kind of living protoplasm is homogeneous. Hyaline though it may appear, we are not able at present to assign any limit to its complexity of structure.

istence. When we watch a liquid in which they are beginning to appear as if spontaneously, where none were visible a few minutes before, all that we can make out is, that a nebula presents itself; and that here and there, in the previously homogeneous liquid, particles exist which, although their form is at first indistinguishable, eventually become recognizable as bacteria. As to the way in which this happens, it is difficult to speak positively, for with reference to it no evidence is admissible excepting such as is founded on direct observation—*i. e., on watching the process in a single instance for many hours*—fixing the eye on a single bacterium, a thing weighing two-billionths of a grain, and measuring one-eighth-thousandth of an inch, and not quitting it till it divides and divides again. Klebs has attempted to do this, but I will not detain you with an account of his researches.

From what I have said as to their structure and ordinary mode of multiplication by division, it is obvious that bacteria resemble plants, and particularly the Oscillatoriæ, more than animals. The proof that they are plants rests on what is known as the nature of the chemical processes which constitute their life, to the consideration of which we must now pass.

How do bacteria act on the medium in which they live? On this subject, we owe the foundations of our knowledge to Pasteur. The first fact is, that bacteria act on the media in which they live, not as animals, but as plants. Like plants, they derive the nitrogen that they use to build up new albuminous compounds, not from previously existing albuminous compounds, but from ammonia. Like other colourless plants, they derive their carbon apparently from any carbon-compound except carbonic acid, by dissociation of its elements. Like plants, they require certain inorganic constituents to be present in their soil, particularly potash and phosphoric acid.

As regards the assimilation (or fixation) of carbon, Cohn's researches have very materially advanced our knowledge since the publication of Pasteur's work. It was obvious that bacteria did not decompose carbonic acid under the influence of sunlight, by the same wonderful process by which that dissociation is performed by green plants. This they could not do in the absence of chlorophyl. But in this respect they were not in any different position from the fungi, or even from the colourless phanerogamic parasites—as, for example, the bird's-nest orchis.

Pasteur's investigations related, not to bacteria or to the organic forms which are associated with the process of putrefaction, but to the yeast-plant. With reference to that organism, he proved that it derives its nitrogen directly from ammonia. He proved at the same time that the cellulose of which the external part of the yeast-cell consists, is derived from grape-sugar, and cannot be formed in the absence of that body. He did not extend the application of these facts to the organisms of putrefaction; but it came to be assumed that what was true of the yeast-plant would also be true of the others—viz., that, although ammonia was a sufficient source of nitrogen, some hydrocarbon must be present to yield carbon.

Cohn showed this assumption to be a mistaken one, by applying to the organisms of putrefying liquids the same mode of investigation that Pasteur had before applied to the yeast-plant (Cohn, *Beiträge zur Biologie der Pflanzen*, Heft ii. pp. 191–202). That method (since known as the method of cultivation) consists in first finding a liquid of known chemical composition in which the plant to be investigated grows vigorously, and then gradually modifying the composition of this liquid by the elimination of one after another of its ingredients, until at last a mixture is obtained in which the greatest possible simplicity is combined with the greatest possible adaptedness as a soil to the requirements of the particular organism; adaptedness being judged of by rapidity of growth. Such a liquid, as regards the yeast-plant, is that known as Pasteur's cultivating fluid. Its composition stands for the fact that sugar and certain crystalline salts are all that is wanted for the nutrition of the yeast-plant.

In the earlier experiments as to the

cultivation of bacteria, *e. g.*, in those which I made in 1871, it was assumed that Pasteur's liquid would also be the most suitable liquid for bacteria. During the same year, however, Cohn, observing that, although bacteria flourished in it abundantly, it was very difficult to prevent the growth at the same time of the yeast-fungus and of penicillium, *i. e.*, common mould, left out the sugar, and found that the bacteria flourished better without it than with it. His next step was to substitute for the solution yeast-ash (a material which is troublesome to prepare) a solution containing the required salts in about the proportion in which they are ascertained to exist in the ash of the yeast-plant. The liquid which we now use as a "cultivation liquid" for bacteria is prepared by dissolving half a percentage each of potassic phosphate and magnesic sulphate in water having a trace of calcic phosphate in suspension,[1] and then adding as required a further percentage of ammonic tartrate, and of course boiling the mixture. In this liquid, bacteria grow rapidly—a fact which proves not only that they are able to take their nitrogen from ammonia, but that they can also derive carbon from the tartrate—the only carbon-containing body which is present. Although, however, it supports the life of bacteria so completely, that they not only subsist in it, but multiply with enormous rapidity under favourable conditions of temperature, it never originates them, if it have been boiled. It can, indeed, be very easily kept for indefinite periods without change, remaining absolutely transparent and barren, provided that care be taken to protect it from contamination. It is, however, much better practically to keep the solution of inorganic salts, adding the tartrate in the proper proportion for each set of experiments.

In order to determine the development of bacteria in a liquid of this kind, all that is necessary is to touch it with a "damp" surface—a glass rod, a thread of cotton or silk—*any object which, having been exposed to the atmosphere, has not since its exposure been dried by heating it to a sufficient temperature.* The result may be equally well attained by allowing a particle of dust or a drop of water, or common distilled water, to fall into the liquid. All these liquids, although they contain no organic forms which can be recognized even with the aid of the highest powers, yet contain that which, when added to solution of ammonic tartrate, determines its decomposition, and the building up of its nitrogen and carbon into higher combinations—in a word, vegetation. I call this process quasi-spontaneous. It is not spontaneous, for this simple reason—that it is dependent on conditions which are so far known, that it is possible to control them with perfect certainty.

I may add, that it was by experiments such as those to which I have just been referring that I was enabled to show, in 1871, that moist surfaces and particles of solid material in suspension in the air play the chief part in the propagation of bacteria; *i. e.*, in the conveyance of the material out of which they spring from one soil to another. This inference has now been confirmed—I think I may venture to say, established—by very numerous observations.

Influence of Bacterial Vegetation on the Process of Putrefaction.—In referring to Cohn's classification of the organisms which constitute the group of Schizomycetes according to their form, I stated that this classification was chiefly of value for the purposes of description, and that the exact similarity of any two forms cannot here be taken as evidence of their organic continuity any more than their dissimilarity affords indication of the absence of intimate relation between them; for the influence of environment over organisms such as bacteria is so great, that it seems as if it were paramount; the surrounding conditions claiming a power not merely of moulding the organisms into conformity with themselves, but even of originating it.

For reasons on which it is unnecessary to enter here, we do not admit the latter

[1] The calcic phosphate is best prepared by precipitating solution of calcic chloride with common sodic phosphate, taking care that the former shall be in excess. This precipitate splits on boiling into a soluble and an insoluble phosphate.

part of this claim; but it is a principle of fundamental importance in dealing with the question we have now before us—that of the agency of bacteria in septic processes—that the influence of circumstance over form is practically so powerful, that, in considering the relation of bacteria to septic processes, we shall do best if we regard the appearance of particular forms as mere links in the chain of events of which the process consists.

To illustrate this, it will not be a waste of time to refer for a moment to the singular fact discovered a short time ago by Professor Cohn, that, under conditions as yet quite unknown, colouring matters come into existence in albuminous liquids when left to themselves at ordinary temperatures; and that this development of pigment is associated with the development of bacteria. Not long ago, having left a "solution" of ordinary egg-albumen in a cupboard in the laboratory, I found that the liquid, which had no putrid odour, possessed an intense indigo-blue colour. Being acquainted with Cohn's observations, I at once guessed what had happened, and found, on microscopical examination, that the blue scum on the surface of the liquid consisted, first, of colourless bacteria, resembling in form those met with in septic liquids; and, secondly, of blue pigment-particles of extreme minuteness, which appeared to be imbedded in the interstitial gelatinous material by which the organisms were surrounded. The process continued for some time; but eventually the liquid was inadvertently allowed to dry. On inoculating a similar albuminous liquid with the dried residue, I was unsuccessful in reproducing the process; but Cohn, who came upon several of his colour-producing bacteria in a similarly accidental way, was able to perpetuate the process by repeated transmissions.

I mention this observation merely to illustrate what I have been saying as to the relation between the two collateral processes—between the vegetation-process, on the one hand, and that of the formation of a characteristic chemical product, on the other. Here we have no sufficient reason for saying either that the production of colour is the cause of the development of bacteria, or that the bacteria are the agents in the production of the pigment. All that we observe is, that the two phenomena begin, continue, and end together; we regard them, therefore, as collateral characteristics of one and the same process.

As the result of innumerable observations, we know that, as a rule, those changes in albuminous liquids, which we familiarly recognize as constituting putrefaction, are accompanied by the presence in such liquids of characteristic vegetable organisms. We also know that the two processes—viz., the chemical changes and the rapid vegetation—go on *pari passu*, and that the same circumstances which favour the growth and multiplication of organic forms also favour putrefaction.

As to the meaning of these facts, there is some difference of opinion even among competent naturalists. All are agreed that the relation between the chemical process and the vegetative process is an intimate one: but somewhat discrepant views prevail as to its nature.

The fundamental experiment by which the intimacy of the association is proved is this. When a tube or flask is partly filled with water containing albuminous matter in solution or suspension, and subsequently boiled for a sufficient length of time, and closed hermetically during ebullition, no putrefaction occurs under any circumstances; but if, after such a tube has been heated and allowed to cool, a drop of distilled water, or any other exposed fluid, be added before the tube is again sealed, putrefaction follows, provided that the preparation is kept at the ordinary temperature.

As I have already hinted, there are some naturalists who would not agree to the terms in which I have stated this result. They would rather substitute for the words "under any circumstances" some such expression as "in 9999 cases out of 10,000." For our present purpose, it makes little difference whether the statement be accepted absolutely or not. But there is another point relating to the origin of bacteria in albuminous liquids of

much greater importance, which the discussion about abiogenesis is apt to conceal or throw unduly into the background. It is a question which arises directly out of the results of the "cultivation" experiments to which I have just referred. These experiments show that bacteria are able to derive the whole of the carbon they require for the building up of their protoplasm from compounds of great chemical simplicity, which have never formed part of any living organism, and seek for no higher source of nitrogen than ammonia. This being the case, it is more than probable that, when the growth of bacteria goes on in association with septic processes, they derive their nitrogen and carbon, not from the albuminous compounds themselves, but from the ultimate products of their disintegration. This being the case, we must regard bacterial life (in so far as it consists in the building up of new protoplasm) as a process consequent on the chemical process of putrefaction with which it is associated. For disintegration must already have proceeded as far as to the production of ammonia —in a word, must have proceeded to the last stage—before the new integration could commence.

While admitting this, it is important clearly to see that the admission does not in any way render it more or less probable that bacteria are the efficient causes of putrefaction—that without which putrefaction could not take place—for there is nothing which forbids us to regard bacterial vegetation as connected (if I may so express myself) with both ends of the chemical process of disintegration of putrescible material at the same time; not the shadow of an objection to the assumption that, on the one hand, bacteria derive material for the integration of their protoplasm from the products of *dis*integration of the soil in which they flourish, and, on the other, that they produce the ferment by which disintegration is determined. There is nothing, in short, against their standing to the chemical process at the same time in the relation of antecedent and consequent.

If it should seem to you that this is a too vague way of dealing with the subject, I would ask you to consider that the question is one in respect of which caution is more than usually necessary; for, while theoretical explanations offer themselves freely on every side, experimental investigation is beset with peculiar difficulties. As regards the main question, that of the agency of bacteria in producing putrefaction, there are two extreme views, which are both clearly mistaken—the one which asserts that they have nothing to do with the septic process; the other, that the chemical phenomena of putrefaction are the mere accidents of a peculiar kind of vegetation. The truth lies without doubt between these two opposed theories; but it is not to be got at by an ingenious reconciliation of the one with the other, but by honestly opening the mind to the facts as they stand, in the confidence that, if they are allowed fair play, they will eventually shape themselves into a general conception, in accordance with their true relation. So long as uncertainty exists, there is nothing to be so much avoided as that sort of clearness which consists in concealing difficulties and overlooking ambiguities.

[Since this lecture was delivered, an important contribution to the elucidation of this question has been made by Dr. Hillier of Berlin ("*Der Antheil der Bacterin am Fäulnissprocess*," *Centralblatt*, No. 54, Nov 14, 1874). Starting from the fact observed by himself (to the accuracy of which I can testify from my own observation), that, in the "alkaline fermentation" of urine, the splitting of urea into ammonic carbonate is not in relation with the abundant development of septic bacteria in the liquid, he made experiments which showed that in urine, bacteria do not derive their nitrogen from urea, but from other sources; and that, if ammonic tartrate be added to urine, the multiplication of bacteria goes on with great activity without any diminution of its acid reaction, *i. e.*, without any decomposition of its urea. From this result, he proceeds to similar experiments as to the influence of bacteria on egg-albumen. Having first ascertained, by careful observations, the fact familiar to the housewife that fresh eggs "turn" when

put into the same basket with rotten ones, and can therefore be infected through the air, he injects a "cultivation liquid," containing bacteria, but not putrid, into the albumen of a fresh egg, with the aid of a subcutaneous syringe. The egg remains unaltered. He therefore thinks it impossible to identify multiplying bacteria with the "septic ferment;" with reference to which he thinks that the experimental investigations of the last few years have proved nothing more than "it is a particular substance which either exists suspended in the air, or adheres to objects, and that it can be separated from the air by filtration, and can be destroyed by the temperature of ebullition." With this final statement of the case I perfectly agree, and am not at all disposed to quarrel with him because he goes on to suggest that the "particles" of which the septic ferment consists are not living beings, but *Protëinsplitterchen.*]—*Brit. Med. Journ.*, Jan. 16, 1875.

CLINICS.

Clinical Remarks on the Simulation of Dislocation into the Axilla after Union of Fractures through the Tuberosities of the Humerus. By J. HUTCHINSON, Esq., Surgeon to London Hospital.—Mr. Hutchinson devoted this lecture chiefly to an explanation of the resemblances and differences between unreduced sub-coracoid dislocation of the humerus and united fractures of the bone through the parts above the surgical neck. The remarks were elicited by the case of a middle-aged man who was brought into the theatre. Several months ago this man had received a severe injury to his right shoulder. The surgeon who attended him in the first instance thought that the parts were only severely bruised. Three weeks after the accident he was told, at a provincial hospital, that the bone of the arm was fractured near the shoulder; and again, some time later, after he had left the hospital, the diagnosis of unreduced dislocation of the humerus was made. Subsequently an attempt at reduction under chloroform was made. He was next sent by his surgeon to the London Hospital, to know whether anything further could be done to put it in its place again. Some of the signs of sub-coracoid dislocation were absent, while those that were present existed in only a modified form; thus, while there was no inability to bring the elbow to the side, and no stretching of the deltoid muscle, there was considerable flattening of the shoulder, with marked hollowness under the acromion and a prominence of bone in the axilla. The last two symptoms were, however, less marked than in cases of dislocation; and while the altered outline of the shoulder was in great part due to atrophy of the deltoid, the prominence in the axilla was caused in part by general thickening of the upper part of the humerus, but chiefly by a partial displacement of the head subsequent to the fracture.

Mr. Hutchinson conjectured that the bone was broken irregularly through the tuberosities, perhaps comminuted; that the shaft was pushed upwards slightly, and had tilted the head of the bone in such a way that its articular surface thenceforth looked inwards. Such a displacement would produce a slight rounded prominence in the axilla, but would not prevent the arm from being brought to the side; it would also produce, after union, considerable general thickening of the upper part of the humerus. The atrophy of deltoid, and consequent simulation of the acromial prominence present in dislocation, was to be accounted for by direct injury to the circumflex nerve.

The wasting of the deltoid, and therefore the flattening of the shoulder, do not come on until many weeks after an injury of this kind; consequently, it is generally when the patient goes to a fresh medical man two or three months after the accident that the diagnosis of unreduced dislocation is made. Mr. Hutchinson believes that this mistake (aided as its commission is by the bony prominence in the axilla) is not unfrequently made, and that thus the reputation of the surgeon who first saw and treated the case is often seriously damaged. He related a case in which he had, he believed, made the mistake in question. An attempt at reduction

of the supposed dislocation was followed by very decided crepitus about the shoulder, but, although the bone was thus broken afresh, the patient in the end gained much more movement at the shoulder than he had enjoyed before the traction had been applied; probably some old adhesions were broken down.

In another case the state of things was ascertained by dissection. A lunatic had died in an asylum about a year after having been treated for what was diagnosed as fracture in the upper part of the humerus. On the post-mortem table a conspicuous hollow was noticed under the acromion, and so deceptive were the conditions that the resident medical officer who had treated the case manifested much anxiety lest the dissection should reveal a piece of bad surgery and prove that he had overlooked a dislocation. This was, however, not the case. The dissection showed a united fracture through the tuberosities, with deformity so as to make the head of the humerus somewhat resemble that of the femur, and some displacement downwards in the glenoid, but no true dislocation. The deltoid was wasted, but, unfortunately, the opportunity for dissecting the circumflex nerve was neglected.

The examination of this case had helped Mr. Hutchinson to a confident opinion as to the true nature of the injury on many subsequent occasions, and he had, he believed, not infrequently prevented attempts at reduction which would have been useless, as well as saved the surgeon first consulted undeserved loss of repute. In reference to the latter point he insisted strongly on the importance of the knowledge *that old united fractures, though the shoulders of the humerus very often present remarkable deformity, closely simulate dislocations.* In the production of this simulation, paralytic atrophy of the deltoid plays, he said, a very important part. This paralysis may be partial or complete, and its frequency after these fractures can excite but little surprise if we remember the close proximity of the circumflex nerve to the bone, and its consequent risk of injury.

A case was next shown, side by side with the above, in order to illustrate the effect of total atrophy of all the muscles around the shoulder joint. In these cases the acromion becomes abnormally prominent by reason of the muscular atrophy, but there is no prominence of bone in the armpit, no difficulty in bringing the elbow to the side, nor any stretching of the fibres of the deltoid. The capsular ligament elongates and allows the head of the bone to leave the glenoid cavity, but the normal relation between the two articular surfaces can at once be restored by lifting the humerus upwards. The paralysis, which was total and affected the whole extremity, in this case followed a severe fall on the shoulder, in which the clavicle was broken (without much displacement), and the brachial plexus probably torn across.—*Med. Times and Gaz.*, Jan. 30, 1875.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Posterior Staphyloma, etc.—We are informed that Dr. William Thomson, of Jefferson Medical College, has observed a large number of cases of myopia, in which there were posterior staphyloma, choroidal atrophy, posterior polar cataract, separation of retina, etc., which conditions appear to be induced by astigmatism. He has often noticed cases of high degrees of simple myopia which by suitable glasses obtained the full acuity of vision. The eye-ground in these cases was generally normal in appearance, but the eyeball was elongated in its antero-posterior diameter, most probably by inheritance. Most of the myopes cannot, however, be fully corrected by spherical glasses, and present white crescents at some part of the margin of the optic nerve, with a dragged appearance of the vessels. By the erect method of examination with the mirror, Dr. Thomson finds that astigmatism may be detected, and its meridian ascertained, by a close observation of the line of drag, and the position of the crescent; and after correction by cylindrical glasses, he finds that a constant relation then exists between the direction of the crescent, and the axis of the glass.

Our readers may expect to find in the forthcoming number of the *American Journal of the Medical Sciences* a full account of these interesting observations, and of the anatomical, physiological, and clinical facts upon which they are based.

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Impaction of Coin in Œsophagus.—Dr. Chas. B. Brigham relates (*Western Lancet*, March, 1875) a remarkable case in which a silver quarter of a dollar was impacted in the œsophagus of an infant æt. nearly three years, and which he extracted with a sponge probang six months and two days afterwards.

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American Medical Association.—The twenty-sixth annual meeting of this Association will convene in the city of Louisville, Kentucky, on Tuesday May 4th, 1875, at 11 o'clock A. M.

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Medical Graduates in 1875 (continued from p. 56).

Detroit Medical College . . .	24
University of California . . .	9
Miami Medical College . . .	35
University of Vermont . . .	19
University of Louisiana . . .	41
University of Louisville . . .	113
Medical College of Virginia . .	11
Mobile Medical College . . .	34
Washington University of Medicine, Baltimore	26
Chicago Medical College . . .	45
Missouri Medical College . .	72
St. Louis Medical College . .	71
Atlanta Medical College . . .	38
Medical College of Georgia . .	27
Cleveland Medical College . .	22
Iowa State University	20
Medical College of the State of South Carolina	19
Kansas City College of Physicians and Surgeons	8

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University of Nashville and Vanderbilt University.—The commencements of the Medical Departments of both these Universities, we see it stated, were held at the same time and in the same place, and what is somewhat curious, a number of candidates received diplomas from both institutions, the University of Nashville conferring the degree on 60 and Vanderbilt University on 61 candidates, making a total of 121. But from the circumstance above stated the actual number of graduates was 74, and not 58, as stated in our previous number.

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Hospital of the University of Pennsylvania.—Dr. James Tyson has been elected Professor of Pathology; Dr. Lewis A. Duhring Professor of Dermatology, and Dr. H. C. Wood Professor of Diseases of the Nervous System, in this Institution.

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Medical Department of Harvard University.—We are gratified at seeing it announced that this school is about to take another step for the advancement of medical education. No student will, after the beginning of the school year of 1877, be admitted to the classes without passing an examination, except such as can present a degree in letters or sciences from a recognized college or scientific school.

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Appointment.—Dr. D. W. Cheever has been appointed Professor of Clinical Surgery in the Faculty of Medicine, Harvard University.

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Bellevue Hospital Medical College.—Dr. Frank H. Hamilton has resigned the chair of "Practice of Surgery, with Operations and Clinical Surgery," in this Institution.

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Association of Ex-Confederate Surgeons.—The second meeting of this Association is to be held in Richmond, Va., on the 19th of October next, at 11 o'clock A. M.

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Obituary Record.—Died, on the 31st March, 1875, at his residence, Morton, Delaware Co., Penna., in the 80th year of his age, D. Francis Condie, M.D., formerly of Philadelphia.

Dr. Condie was well known by his numerous and valuable contributions to medical literature, and was distinguished for his extensive professional acquirements. His work on the Diseases of Children, the best at the time, was much esteemed, and went through four editions. Besides editing a number of medical works, as those of Churchill and Watson,

etc., to which he made important additions, he was a large contributor to the medical journals, particularly to the *North American Medical and Surgical Journal* and to the *American Journal of the Medical Sciences*. He was an early advocate of the temperance movement, and in conjunction with the late Dr. John Bell, edited a journal (*The Journal of Health*) devoted mainly to the promotion of that cause. For upwards of fifty years he was engaged in extensive practice, which he was obliged to relinquish about four years since in consequence of being crippled by a fall on his hip, when he removed to a farm a few miles from the city. Until a recent period, however, he was busy with his pen, and contributed a number of valuable articles to the *American Journal of the Medical Sciences*.

FOREIGN INTELLIGENCE.

The Germ Theory of Disease.—There has recently been an interesting discussion at the Pathological Society of London, on the relation of Bacteria and Allied Organisms to the Virulent Inflammations and to the Specific Contagious Fevers. Dr. Bastian commenced by referring to the analogy which existed betwixt zymosis and fermentation, in that particles in each case set up processes which resulted in the reproduction of other particles identical with the first. He contrasted Pasteur's views with the transferred eremacausis of Liebig, inclining to the views of the latter. The contagium multiplied within the body in a manner which might be compared to organic growth and multiplication. Bacteria were not found in the blood of healthy individuals; yet, in from eight to forty-eight hours after death, they were found in abundance. He contended that bacteria had a casual connection with infection, and that they were not mere "carriers of infection," but were for the most part actual pathological products engendered within the body; that, in fact, there was a bacterial degeneration which claimed to rank side by side with fatty degeneration. After expounding his views with much skill and detail, he was followed by Dr. Burdon Sanderson. Dr. Sanderson declined to go into the germ theory in its entirety, but confined himself to the negative facts that bacteria identical with those found in morbid tissues, might be introduced into the body without any ill effects; and to the positive facts that, in destructive inflammations, bacteria were found only in the outer zone of the disease, where it was spreading, and not in the central parts; and that in relapsing fever spirillæ were only found during the febrile paroxysm and not afterwards; and that in erysipelas and sheep-pock, the bacteria were found not in the vesicles, but in the lymphatics of the skin. These facts, he thought, were opposed to Dr. Bastian's views.—*Brit. Med. Journ.*, April 10, 1875.

Action of the Septinous Poisons on the Production of Fever.—Dr. B. W. Richardson, in a recent lecture before the Society of Medical Officers of Health, offered a theory of the action of the poisons of contagious diseases in the production of symptoms which mark those diseases, and especially the symptoms of fever. In a lecture delivered before the same Society, in the year 1865, the author detailed his original experiments on the poisonous action of an organic substance he had obtained from sero-sanguineous fluid that had been removed by Mr. Spencer Wells from the peritoneal cavity of a woman suffering from pyæmia after the operation of ovariotomy. To this organic poisonous substance he (Dr. Richardson) at that time gave the name of septine, and he showed not only that it would communicate fatal disease to an inferior animal, but that the same disease could be communicated from the secretions of the primarily infected animal to other healthy animals in direct series. He also showed in the same research that the organic poison could be made to combine with acids so as to form salts which retained the poisonous qualities of the original substance. That a similar poisonous substance is present in decomposing blood, and that the poison can be transmitted in a series of animals. have since been confirmed by the independent researches of many physiologists, and the fact may be considered as fully

established, although great difference of opinion still remains as to the nature of the organic product, some assigning to it purely physical, others vital properties.

Dr. R. has ever since his researches in 1865 been engaged in the inquiry how these organic poisons produce their peculiar effects, and the result is to the effect that the poisons exert their deleterious action through the property they possess of setting at liberty the oxygen of the blood in undue quantities in the extreme circulation. By way of experimental demonstration, Dr. Richardson took specimens of solutions of peroxide of hydrogen, and inoculated them with points of different organic poisonous animal substances—viz., decomposing blood, pyæmic poison, pus, fibrine, and vaccine lymph. In the presence of all these bodies, oxygen began to be immediately liberated from the solution. Other organic substances—mucus, for instance—would not liberate oxygen, a fact which could be applied (as was shown by an experiment) for diagnosing mucus from purulent matter. Proceeding with his demonstration, Dr. Richardson charged blood with oxygen from the peroxide solution; then, by inoculating this blood and setting oxygen at liberty, he showed the temperature of the blood rose 4° Fahr. In his further observations, he explained that these organic disturbing substances are themselves decomposed in the process of the change they excite, and that they all seem to be derived originally either from fibrine or cellular tissue.

The conclusion arrived at, and which was advanced admittedly as a theory in its present state, is that the fever-producing poisons act in the way described by setting oxygen free in the blood in undue proportion. The theory, it was urged, explains the phenomenon of remittency. The accession of fever is due to the presence of the poison, but as the poison becomes destroyed the disturbance ceases until a new charge is locally produced and carried into the blood. The theory also explains the phenomena of those malignant contagious diseases in which death occurs very rapidly, with symptoms of asphyxia and convulsion. Here, it is assumed, the liberation of oxygen is sudden and complete, and the blood so surcharged with poisonous matter that it cannot duly absorb and fix oxygen in the pulmonary circuit. Thus an asphyxia commences from the blood itself.

Some therapeutical considerations brought the lecture to a close. It was shown that certain medicinal substances, among which quinine was specially named, counteract the different poisons in their power of liberating oxygen.

Our readers will gather from this summary that a new field of inquiry on the subject of the poisons of the contagious diseases is opened by these researches. That the inferences drawn support the physical side of the question may naturally be expected, coming as they do from an author who for so many years has been one of the most prominent exponents of the physical theory of contagion.—*Lancet*, April 3, 1875.

—

Action of Salicylic Acid in Bacteria.—Dr. Ludwig Letzeritz has lately tested the effect of salicylic acid on bacteria and micrococci, by placing under the microscope portions of fluid containing these organisms in abundance, and allowing solutions of salicylic acid to come into contact with them. He used solutions of four degrees of strength; viz., one part of salicylic acid and one of spirit, in 120, 90, 60, and 40 parts of water. The first two (the weaker solutions) arrested the movements of the bacteria gradually; while, with the two stronger solutions, the arrest of movement was instantaneous. He has used salicylic acid locally and internally in two cases of diphtheria, he thinks with good effect; but he observes that more extensive observations are necessary in order to determine its value in this disease.—*Brit. Med. Journ.*, March 6, 1875.

—

Bromide of Potassium in Migraine.—One of the essential characters of idiopathic migraine is its tendency to periodicity This periodicity may be variable, and is often monthly. The migraine is always at first hemicranial, and is then also accompanied by a peculiar sense of heaviness of one of the ocular globes or

over one of the orbits. It is this prodromic sensation that indicates the opportune time for efficacious intervention. Administered then, and in sufficient doses, the bromide of potassium arrests and prevents migraine, while, if the paroxysm is allowed to set in, it will scarcely mitigate the severity of the pain. It is from want of attention to this point that the bromide has caused disappointment. It should be administered in doses of from five to six grammes for an adult male, four for a woman, and from two to three for a child, given in a cup of well-sweetened infusion of lime-tree flowers, aromatized by a drop or two of mint oil. It should be swallowed by successive mouthfuls within a quarter of an hour or twenty minutes.—*Med. Times and Gaz.*, March 27, from *Rev. Méd.* March 1, 1875.

—

Ergot in Acute Mania and other Hyperæmic States of the Nervous Centres.—Dr. Van Andel has employed a solution of ergotin in alcohol and glycerine hypodermically, in the above-named conditions, he states, with satisfactory results. The ergot he believes contracts the cerebral vessels.—*Schmidt's Jahrbücher*, Feb. 1875.

—

Removal of Goitre; previous Ligature of Arteries.—On the 6th March, Mr. Lister removed a goitre from a young woman, by the method first adopted, we believe, by Dr. Heron Watson; namely, the four principal arteries of supply to the thyroid are tied through a central incision before the operation of removal is attempted. This has been found most effectual in restraining the hemorrhage, which, without this precaution, is so serious a drawback to the operation. The patient is doing very well.—*Brit. Med. Journ.*, March 13, 1875.

—

Dangers of Forced Taxis.—M. Mollière, Surgeon of the Hotel-Dieu, Lyons, relates some cases in proof of the danger of this practice advocated by M. Gosselin and other Parisian surgeons. The taxis, he observes, is a most valuable procedure, which almost always succeds when employed immediately after strangulation, but only on the condition that it is not forced. If the hernia is susceptible of reduction, force is unnecessary, while this may prove most mischievous when the hernia cannot be reduced. By forced taxis we may succeed in reducing a hernia *en masse*, that should not be so reduced in consequence of the existence of intestinal perforations. Another danger (in exemplification of which M. Mollière relates some cases) arises from the ecchymoses and effusions of blood which ensue upon the manipulation, so that the operation has to be performed on parts that are far from their normal condition, and which, in consequence of the contusion of the tissues that has taken place, may easily pass into a state of gangrene, or be followed by symptoms of putrid infection. —*Med. Times and Gaz.*, April 10, from *Lyon Méd.*, April 4.

—

A New Point in the Diagnosis of Ovarian Disease.—Mr. Spencer Wells mentioned, at a meeting of the Pathological Society (March 16), a very striking fact in illustration of the practical use of the microscope in the treatment and prognosis of disease. He has long taught that single cysts near the ovary may be truly ovarian (excessive growth of one Graafian follicle) or extra-ovarian (dilatation and growth of part of the remnants of Wolffian body, or parovarium) And he has found that, while the extra-ovarian cysts are often radically cured by a single tapping, the cyst contracting and never refilling, the true ovarian single cysts are almost certain to fill again. He had also shown that the contents of the parovarian cysts consisted of little more than pure water, with scarcely any albumen, or only a little albuminate of soda, the specific gravity seldom exceeding 1005. Mr. Thornton has recently discovered that the fluid in some single ovarian cysts contains little groups of cells, which he believes are only formed from the lining membrane of the Graafian follicle; and the presence of these cells, with the higher specific gravity and the amount of albumen or paralbumen in the fluid, are sufficient to enable a surgeon to say after tapping a single cyst whether it is likely to be radically cured by tapping only, or whether it is almost

certain to refill and require ovariotomy.—*Med. Times and Gaz.*, March 20, 1875.

—

A New Form of Glycosuria.—M. Jules David has recently observed, in a case of diabetes following a large carbuncle, a substance resembling glucose in its reactions, but differing from anything hitherto discovered. The urine reduced Fehling's solution, although less readily than ordinary diabetic urine. Liquor potassæ also caused a brown discoloration. But on examining it with the polarizing saccharimeter, not the slightest trace of deviation could be discovered. Moreover, on analy sis, no glucose whatever was found by the usual method. A solution of the substance, after isolation, reduced Fehling's solution readily. Its exact nature has not yet been determined, owing to failure of the supply of the urine.—*Lancet*, April 3, 1875.

—

The Drawbacks of Esmarch's Ischæmia.—M. Dutrait, resident surgeon to the Charité Hospital of Lyons, has published an article on these drawbacks, which puts them in a very clear light (*Lyon Medical*, March 7th and 14th, 1875). Not that the author wishes to depreciate the method, which in many instances is extremely valuable; but his aim is to draw attention to the immediate loss of blood when the elastic compression is removed and all the vessels which could be found are tied, and to the secondary hemorrhage which not unfrequently occurs after ischæmic operations. M. Dutrait adduces many cases which have come under his own observation. They show that we should be very watchful against secondary hemorrhage. The author, to strengthen his position, alludes to a work lately published in Paris (Augier, De l'Anémie Artificielle), and to an article of M. Nicaise (*Gaz. Méd. de Paris*, Nov. 28, 1874), in which important statistics and excellent arguments will be found.—*Lancet*, April 3, 1875.

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Death from Chloroform.—A healthy man æt. 45, in the Adelaide Hospital, Australia, whose little finger required amputation, was given chloroform on Jan. 25th on a folded towel by one of the house-surgeons, who was thoroughly accustomed to the administration of the anæsthetic. The man struggled violently, and required to be forcibly restrained, when the face became livid, and he died, all efforts at resuscitation proving of no avail. This case resembles many other cases in the fact that the chloroform was administered for a trifling operation, and that death occurred in the struggling stage, when it may be supposed that the muscles were rigid, and that the danger of apnœa was superadded to that of chloroform narcosis. The anæsthetic was administered with all necessary caution and skill, and the jury returned a verdict in accordance with the facts, attaching no blame to anybody.—*Lancet*, April 3, 1875.

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Mode of Death from inhaling Nitrous Oxide.—M. Magitot asserts that the mechanism of death is very different from the employment of nitrous oxide, and from other anæsthetics, as ether and chloroform. When it results from the administration of the two latter, it is by syncope, but when from nitrous oxide, it is by pure and simple asphyxia.—*L' Union Médicale*, 16 March, 1875.

Mr. Darin, at a meeting of the Société de Chirurgie on March 3d, read a paper in which he denied that nitrous oxide acted by producing asphyxia. This gave rise to discussion, and the following conclusions were adopted: 1. That nitrous oxide does act by inducing asphyxia. 2. That ether has been too much neglected in Paris, and that it would be desirable to return to its employment.

—

Mistaken Identity.—The following remarkable case is worthy of note, as an excellent illustration of the great caution which should be exercised in accepting evidence of identification: A short time ago an inquest was held on the body of an unknown woman, twenty-four years of age, which was taken from the river Avon, and bore such injuries as to lead the medical man to conclude, in the absence of all symptoms of drowning, that the deceased had been murdered and then placed in the river; and, after some evidence had been

received, the inquest was adjourned to allow of time for the collection of evidence as to who the unfortunate woman was, etc. On opening the adjourned inquest, the coroner commented upon the strange case of mistaken identity which had occurred in connection with the case. "In the course of their inquiries the Bath police met with a woman who stated that the description of the deceased corresponded with the appearance of a woman who had cohabited with a bargeman, and between whom there had been a violent disagreement at Bath, previous to their departure in the barge for Bristol. The woman was taken by the police to see the body, and, after a minute examination, which extended to a scrutiny of the teeth, the condition of which confirmed the woman in her opinion; she positively stated the deceased was the woman she referred to. This identification was positive, and was singularly correct both in general and in detail; and the woman's testimony would have been unhesitatingly placed before the jury for their acceptance but for one circumstance—the simple fact that the woman so carefully examined and so minutely described had been found alive." The lesson to juries and others is such a good one that it is worthy of being placed on record.—*Med. Times and Gaz.*, March 20, 1875.

—

Dislocation of Humerus reduced after five months.—Dr. Thos. Gregg communicated, to the south of Ireland branch of the Brit. Assoc. (Feb. 10th), the case of a woman, admitted into the County Hospital on January 28th, the injury having occurred on September 5th previously, from an accident which was caused by a threshing-machine, in which her arm was caught. The nature of the injury was overlooked. On presenting herself at the hospital, the usual appearance of dislocation under the clavicle, the head of the bone being fixed in this position, and adherent to the neck of the scapula. On February 3d, the reduction was effected under chloroform, with pulleys. The usual apparatus employed in the hospital for old-standing luxations of the shoulder-joint, is a gutta-percha shield, which fits from spine to sternum, with an aperture for the arm, carefully moulded and bandaged to the body. This protecting shield affords a means of steadying the scapula, and also a fixing point for the straps, and preventing injury to the ribs. The President cited several instances of old standing luxation, which, he said, could not have been reduced but for the use of this gutta-percha-shield.—*Brit. Med. Journ.*, March 13, 1875.

—

Hypospadias and Epispadias.—Mr. John Wood exhibited to the Royal Medical and Chirurgical Society (*Brit. Med. Journ.*, Feb. 13. 1875) some cases of hypospadias and epispadias, on which he had operated. Two of the cases of hypospadias were boys, who had been unable to pass urine in the erect position, but were obliged to crouch down. The stream passed backwards. Having previously, in other cases, tried various plans with unsatisfactory results, he adopted in these cases a plan which he had found successful in two other patients some time ago. It consisted in making a hole in the prepuce, through which the glans was made to protrude—the operation being somewhat the reverse of that of Nélaton for epispadias. At first, he did not realize the difficulty of properly adjusting the parts; but he succeeded by making a broad flap and turning the skin inwards to the urethra. The prepuce was utilized for the formation of a channel for the urine. In one of the cases, there was a *cul-de-sac* apparently representing the fossa navicularis, with the urethral opening behind it. This he slit up so as to form a continuous channel. In the case of epispadias, there was want of retention of urine; but this defect had been quite overcome by first operating by Néléton's method, and then performing two subsequent operations for completing the channel.

—

International Medical Congress.—The fourth session of this Congress will commence at Brussels on the 19th of September next at noon, under the auspices of the government. Mr. Wleminckx, President of the Committee of Arrangements; M. Warlomont, Secretary.

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TABLE OF CONTENTS.

Part I. *General Dietetics.* Chap. I. Theories of Dietetics. II. On the Choice of Food. III. On the Preparation of Food. IV. On Digestion and Nutrition.

Part II. *Special Dietetics of Health.* Chap. I. Regimen of Infancy and Motherhood. II. Regimen of Childhood and Youth. III. Commercial Life. IV. Literary and Professional Life. V. Noxious Trades. VI. Athletic Training. VII. Hints for Healthy Travellers. VIII. Effects of Climate. IX. Starvation, Poverty, and Fasting. X. The Decline of Life. XI. Alcohol.

Part III. *Dietetics in Sickness.* Chap. I. Dietetics and Regimen in Acute Fevers. II. The Diet and Regimen of certain other Inflammatory States. III. The Diet and Regimen of Weak Digestion. IV. Gout and Rheumatism. V. Gravel, Stone, Albuminuria, and Diabetes. VI. Deficient Evacuation. VII. Nerve Disorders. VIII. Scrofula, Rickets, and Consumption. IX. Diseases of Heart and Arteries.

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VOL. XXXIII. JUNE, 1875. No. 390.

CONTENTS.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on the Diagnosis of Exudations into the Cavity of the Tympanum, by Percussion of the Skull, determining also the Density of the Exudation; with the report of a case presenting a serous exudation in the tympanic cavity of the right ear, and mucous pus in that of the left ear 81

Clinical Lecture on a Wound of the Palm . 84

HOSPITAL NOTES AND GLEANINGS.

Knee-joint Excision 86

Severe Prolapsus Ani in a Young Adult, treated by Canterization with Nitric Acid. 86

Stab through the Ear; Wound of Middle Meningeal Artery; Traumatic Aneurism; Ligature of Left Common Carotid Artery; Death 87

Case of Large Pelvic Hæmatocele suppurating and discharging through the rectum; Counter-opening from the Vagina; Recovery 88

STOKES ON FEVERS . . . .

MEDICAL NEWS.

Domestic Intelligence—American Medical Association 89

Association of American Medical Editors . 91

Two Cases of Fracture of the Sternum . . 91

Death from Chloroform 91

College of Physicians and Surgeons, New York 91

University College, New York . . . 91

Second-handed Papers before Societies . 91

Foreign Intelligence—New Aids to Diagnosis 92

Nature of Puerperal Fever 92

Disordered Nerve-function in an Infant . 93

Action of External Application of Warm and Cold Water, etc., on the Cerebral Blood-vessels 94

Value of Vaccination 94

Death from Chloroform 95

Execution of an Abortionist 95

Spina Bifida 95

Examinations at the Royal College of Surgeons of England 95

Obituary Record 95

. . . . . 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on the Diagnosis of Exudations into the Cavity of the Tympanum, by Percussion of the Skull, determining also the Density of the Exudation; with the report of a case presenting a serous exudation in the tympanic cavity of the right ear, and mucous pus in that of the left ear. By Dr. R. HAGEN, private Docent at the University of Leipzig. Reported for this Journal by Dr. A. STROTHOTTE, of St. Louis, Mo.

Dr. Hagen, on presenting this case, made the following introductory remarks:—

GENTLEMEN: Following up a number of cases in my private practice, I was induced to employ percussion of the skull in certain examinations, and here I give you my results. If we percuss the skull of a person in the normal condition with the finger or through the plessimeter, a sound will be distinctly heard by the person thus percussed.

If the percussion is applied in the median line of the roof of the head, the sound will be heard in both of the ears alike, at the same time and with the same force, provided, however, that both of the ears are sound and have the same capacity for sound, and moreover that the auditory ducts are unobstructed.

If under the same conditions the percussion is made at a distance from the median line or over the mastoid process,

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the sound will be heard only on the corresponding side.

The same takes place when the meatus auditorius externus of one side is connected with that of the other side by means of an India-rubber tube.

If into one ear the end of an India-rubber tube is introduced, while the other end is left free, and then the corresponding half of the skull of the mastoid process of that side is percussed, the percussion-sound will be heard louder by the ear armed with the tube than on the other side, even if this side or its mastoid process is percussed. The difference in force of the percussion sound becomes still more distinct, if during the percussion the free end of the India-rubber tube is closed by pressure with the finger; the sound becomes dull and more deep.

If, however, one meatus is closed by the finger, while the other is left open, then on the percussion of the skull, the sound will be heard only or at least more distinctly by the closed ear, even if the other half of the skull opposite the closed ear is percussed, with the exclusion, however, of the mastoid process of that side.

If the mastoid process of the open ear is percussed, the sound will be heard louder, or at least as loud by the open ear, but will be heard in a higher pitch. But, on the other hand, the percussion immediately above the process will be heard only or more distinctly by the closed ear. If one of the auditory ducts is entirely closed with water, and the head brought into a horizontal position, and then percussed, all the phenomena will remain the same as with one ear closed with the finger.

These phenomena, however, assume quite a different aspect, if the drum of the ear is not acted upon from without but from within, *i. e.*, if, for instance, there is a serous exudation present in the cavum tympani. I have not carried my experiments so far as to introduce a few drops of water into the cavum tympani of a healthy person by means of a catheter, to further prove these signs, since my practice furnished sufficient opportunities to study these conditions. Some other practitioners perhaps will feel disposed to try this method with the catheter.

In a considerable number of cases, in which by examining with the reflector (otoscope) the presence of a serous accumulation in one cavum tympani could be ascertained, I have percussed the skull of the patient, who would then inform me that in the diseased ear a peculiar clinking noise was heard, produced by the percussion, and heard only in this ear, even if the mastoid process on the healthy side was directly percussed. The percussion-sound was thus transmitted from every part of the head to the affected ear only.

By the trial with a trifurcated India-rubber tube, for an objective examination of the difference of sound in the healthy and in the diseased ear, we unexpectedly obtained only negative results.

If into an ear thus affected a catheter of Weber-Liel was introduced through the Eustachian tube, and the serous fluid contained in the cavity of the tympanum was sucked into the catheter, then all the phenomena above alluded to would instantly disappear, but they could be instantly reproduced by blowing the fluid back into the cavity of the tympanum. It is hardly necessary to tell you that the patients will immediately inform you of the sudden disappearance of the clinking noise and of the distinct perception of the percussion sound by the diseased ear only, after the paracentesis of the tympanum has been performed and the removal of the effusion into the external auditory duct by the air-douche has been effected.

What the phenomena of percussion will be when both of the tympanic cavities simultaneously contain serous effusions, and whether they bear an important part in regard to diagnosis, I have been unable to learn, as but few such cases came under my notice, and they refer to children, on whose judgment, as you know, we cannot always depend.

On the diagnostic sign by percussion, I always depend, where the absence of the characteristic green-glass-bottle colour of the tympanum would make the diagnosis for effusion into the tympanic cavity doubtful, and I feel so confident, that, if I cannot suck out the effusion with the catheter, I do not for a moment hesitate to perform the paracentesis of the mem-

brane of the drum, and thus far I have always been satisfied with the result. Therefore, I feel it my duty to call your attention to this sign in such cases of serous effusion in the tympanic cavity where the tympanum is not sufficiently transparent, and I recommend it as of the highest diagnostic and pathognomonic value. I should not feel justified to present this sign as a pathognomonic symptom, if it occurred in other than serous effusions in the tympanic cavity, but this is not the case, either in mucous or in pus-exudations. In addition allow me to mention here, that on several occasions I have submitted the serous exudation to a microscopic examination, after having obtained it from the tympanic cavity by sucking it into the catheter introduced through the Eustachian tube for that purpose. It contained, besides white blood-corpuscles, epithelial cells, a small quantity of fat and pus-corpuscles, now and then, also, peculiar crystalline bodies, and always one or two bundles of ciliary epithelium, in lively motion for a considerable length of time, presenting a very interesting picture. I am not aware that any observer before this time has seen such ciliæ in motion, that were obtained from the tympanic cavity.

I now introduce to you this young patient, Erna E. of this city, 9 years old. She came first under my treatment on the fifth of March, this year, suffering from chronic catarrh of both middle ears, said to have been preceded by chronic catarrh of the nasal passages, and her hearing was also defective to a considerable extent, but she stated without other noises in the ear. After a few weeks of treatment, her power of hearing had improved so much that she was dismissed, although certain opacities in the tympanum had remained unchanged.

To-day her brother tells me that of late she again was troubled with catarrh, and that for the last two days she complained of pain in her left ear, also that her power of hearing was becoming weaker on both sides. Let us examine her:—

Distance of distinct hearing by one ear, the other being closed with the finger.

Ticking of the watch;	right ear	5	centimrs.
" " "	left "	4	"
Speaking half low	right "	18	"
" "	left "	10	"

Holding the watch on the head in the median line, the sound is heard in both ears alike. The mucous membrane of the nose is highly injected. You see the throat affected with chronic catarrh, the posterior wall covered with a follicular swelling. On the right ear you see the line of the bony duct tinged with red, and this becomes inwardly more intense and spreads even to the circumference of the tympanum. The processus brevis and the manubrium mallei are visible, but the vessels of the manubrium are injected. The central part of the tympanum is dull with a gray-reddish tint, the posterior quadrants are projecting a little forward, while the anterior quadrants are drawn backward. The proper conical light-reflex, Lichtkegel, is wanting.

In the left ear we find the same condition, only the vessels of the manubrium are still more injected than on the right side.

The history of the case in connection with all these symptoms will induce you to make your diagnosis what? Subacute catarrh of both ears. Before you, however, proceed to tell me what course we are to take for the proper treatment of the case, permit me to *percuss* the head of the little patient.

You will recollect, as I told you before, that only in cases of serous effusion in one cavity of the tympanum the percussion sound from all parts of the skull will be heard exclusively by the ear affected, and that this does not occur when you have a mucous or a muco-purulent exudation predominating in one cavity.

The patient tells us at once and with repeated determination, that she hears the sound from the percussion in the median line of the skull by the right ear only.

The same as you see, is the case, if I percuss the left side of the skull, or even the left mastoid process. Now you perceive that I can adopt the former diagnosis only in part, *i. e.*, for the left ear, while in the right tympanic cavity I will

show you a serous effusion, although the yellow-bottle-colour of the drum is wanting, as well as the superior concave boundary-line of the exudation, which is usually met with under these circumstances, provided the tympanum is perfectly transparent. I shall take occasion to demonstrate this to you by another case. You can readily ascertain, by mere inspection of the two drums, the accumulation of exudations in the tympanic cavities. I will now first make the paracentesis of the right drum in its posterior inferior quadrant, and you see the serous effusion is passing through the incision into the external duct, and any part of it that may be left behind we will throw into the duct by means of the air-douche. You have noticed that the incision hardly causes any pain to the patient. The profuse, transparent, light-yellowish, serous exudation is tinged with a trace of blood from the incision. Our diagnosis was correct.

Having removed the whole of the effusion by the air-douche, let us now percuss the skull. The patient ought to hear the sound neither with the right nor with the left ear exclusively.

Now, examine this intelligent young patient yourselves, and you will find my statements verified.

Let us now make the incision into the left drum; you see it is an almost painless operation, but you see here a drop of a turbid, dirty-gray exudation appearing, which adheres to the drum. By the air-douche we will remove the whole of it into the external duct. Collecting it with a camel-hair pencil, we find it to be mucous in character, which we might further prove by putting it under the microscope. I wish to say a few more words about the after-treatment. If you wish not to interfere with the readily healing process by the first intention, I warn you against the use of the syringe for the removal of the exudation from the external duct, for you run the risk of inducing a suppurative process, the end of which is beyond your control.

The external duct is to be simply protected with a piece of cotton introduced, and if the patient afterwards complains of pain, let the external duct be filled with warm water every ten or fifteen minutes until relieved, but forbid the use of the syringe most peremptorily. On the next or at least the third day, you will find the place of incision healed. If hereafter the tympanic cavity should again become the seat of an exudation, the paracentesis must be repeated. If this, however, is not the case, you must by the careful use of the air-douche introduce a little air into the tympanic cavity, because air is now absent and wanting, and thus the normal conditions for hearing will be re-established.

How far we may succeed with the present case, I shall find an opportunity to show you in a short time.

P. S. Nov. 20, 1874. Three weeks after the paracentesis: the hearing on the left ear is normal, on the right ear nearly so.

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Clinical Lecture on a Wound of the Palm. By J. W. Hulsee, F.R.C.S., Surgeon to Middlesex Hospital.

Perfect rest of the hand and forearm, enforced by fixing them upon a splint, in wounds of the palm attended with arterial hemorrhage, is the measure I desire particularly to impress on you to-day. When you cannot reach the cut artery and tie or twist it, it is not enough to bind a graduated compress on the wound, and put the hand and forearm in a sling; nor will you have taken every precaution against a recurrence of the bleeding when, in addition to a well-adjusted compress, you have methodically bandaged the limb from the finger-tips upwards, a proceeding which may seldom be safely omitted; but you should also secure the hand and forearm upon a well-padded splint reaching beyond the fingers and above the elbow, and strictly forbid the slightest attempt on the patient's part to actively move the limb. If he wishes to shift its place he must lift it upon the splint with his other hand.

This may perhaps seem to some of you unnecessarily strict, considering the small size of the arteries in the hand and the usually trivial dimensions of these wounds. But, in truth, these palmar wounds are by no means unimportant; they are amongst the most troublesome and anx-

ious with which you will have to do, and they may never be treated negligently. Small as the vessels are, owing to the free anastomoses here they bleed very copiously—so abundantly, indeed, that exceptionally (as in old or otherwise feeble persons) even death may follow in a few minutes the infliction of the wound. Not many days since, the lifeless corpse of a man was brought to the hospital, who had shortly before gashed his hand with a broken bottle. His neighbors, whom he had left only a few minutes before, had found him seemingly lifeless on the ground in a pool of blood.

It is, I believe, to the neglect of adequate precautions during the first few days that these wounds so often take an unfavourable course; that they slough and inflame, and bleed again and again, until at length the surgeon is compelled to tie the radial and ulnar or the brachial artery (at this stage always under unfavourable conditions), and the patient is fortunate if he escapes with his hand not over-crippled and permanently damaged. Some of you will not have forgotten a man in Broderipp ward last summer, who had wounded his palmar arch with a splinter of glass, and who, against the House-Surgeon's remonstrance, would not come into the hospital, but attended as an out-patient during several days; for he obstinately refused to believe that a little wound, which to him appeared only a mere prick, could be very serious. At length repeated losses of blood and great swelling of the hand forced him to become an in-patient. It had become necessary to tie the brachial artery in order to save his life, and he recovered with a permanently weakened hand and a stiff finger. Since this you have had the opportunity of watching a very parallel case under Mr. Clarke's care. Now, I think that the unfortunate consequences might have been avoided if the man had immediately entered the hospital, and submitted to the plan practised in the following case.

A stoker, aged twenty, on the night of December 14 last, was brought into the hospital in a swoon from loss of blood. He had a few minutes before been stabbed through the hand with a large sailor's knife in a brawl. The blade had passed through the fourth interosseous space, making a cut three-quarters of an inch long in the palm, where it encroached on the carpus, and a rather shorter cut in the back of the hand. He very quickly lost so much blood as to faint, when the bleeding ceased spontaneously. The House-Surgeon adopted the customary measures in such cases; he bound a graduated compress firmly upon the wound in the palm, raised the hand and forearm on a pillow, and put the tape of a tourniquet loosely round the arm as a precaution in case of fresh bleeding. When I saw the patient at the mid-day visit I took off the tight compress from the palm, closed the gaping wound on the back of the hand with a couple of very fine stitches (as it was neither infiltrated with extravasated blood nor swollen), then bandaged each finger separately, and carried the rollers up the forearm and arm, placed a piece of lint dipped in carbolized oil upon the palmar wound (not stitching this, because its edges were somewhat infiltrated with blood), and upon this a small compress very lightly secured, laid the hand and forearm on a well-padded splint, supporting the palm with a ball of wool, and enjoined the strictest rest, forbidding the patient to lift the arm off the pillow except with the other hand. The pillow was so placed that the hand and forearm rested upon it nearly on the level of the shoulder as the man lay in bed.

Two things will probably have occurred to you; the tight compress was exchanged for a very light one; and the raised posture of the arm was replaced by one nearly horizontal. So long as a patient can move his hand, the efficient control of the bleeding can only be attained with considerable pressure, and this the tissues so compressed cannot bear long without sloughing. When this happens, too often the wound bleeds afresh, and too often this is met by readjusting the compress still more tightly, to be productive of still more mischief. It is, therefore, very desirable to use only the minimum of pressure absolutely necessary. Greatly raising the hand in wounds or abscesses, which some do by slinging it

from a gallows, is a practice I never follow, because I think any advantage due to the lessened force of the arterial circulation obtained by an approximately vertical direction is outweighed by the additional facility this posture gives to the downward diffusion of inflammatory matters from the hand into the forearm, leaving out of consideration the irksomeness of the posture. I believe that all the advantages obtainable by a tight compress and by a nearly vertical posture of the hand and forearm, without their accompanying disadvantages, may be gained by methodically bandaging the limb from the finger-tips upwards (as practised by a Dublin *confrère*), a light compress, and that strict rest which only a splint insures.

Those of you who watched this case will have observed that the wound in the back of the hand united immediately; that in the palm more slowly by granulation unattended by any inflammatory swelling. Not a single drawback occurred. The bleeding was never repeated, and the man left the hospital with a sound linear scar and a perfectly useful hand.

We had some time ago a young girl in Bird ward who had accidentally stabbed a knife into the angle of the first metacarpal space, and from the freedom of the hemorrhage had presumably wounded the radial artery, here dipping towards the palm. This wound was treated in the way I have just described, and with an equally satisfactory result.—*Med. Times and Gazette*, May 1, 1875.

HOSPITAL NOTES AND GLEANINGS.

Knee-joint Excision.—Mr. Mac Cormac, of St. Thomas's Hospital, performs resec- of the knee-joint by means of an incision slightly convex downwards across the front of the joint. After division of the ligaments the diseased surfaces of bone are sawn off, including the articular surface of the patella, which is not wholly removed unless extensively diseased. Its retention under favourable conditions does not retard recovery, while it strengthens the bond of union. All diseased soft tissues are most carefully removed by knife or scissors. In this, as in other resections of joints, the important matter is the after-treatment. The limb is at once put up in a splint on the table, after all bleeding has ceased. A convenient form, a modification of M'Intyre's, is used in St. Thomas's. In some cases Mr. Mac Cormac has immediately applied a gypsum apparatus. The splint, if possible, should not be changed for six weeks, when the union will be beginning to become firm. The use of Esmarch's apparatus, otherwise so desirable in operations on the bones, is attended by serious inconvenience in cases of excision of the knee-joint. The oozing of blood, which flows *en nappe* after the removal of the bandage, is often protracted and difficult of arrest. The quantity of blood lost in this operation is usually inconsiderable, and Mr. Mac Cormac has therefore ceased to employ elastic compression.—*Med. Times and Gaz.*, May 1, 1875.

Four cases are reported in which Mr. Mac Cormac operated by this method.

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Severe Prolapsus Ani in a Young Adult, treated by Cauterization with Nitric Acid.—Prolapsus ani, although so common in children, and not very infrequent after the middle periods of life, is rare in young adults, and when met with in them is almost always with a history of its having begun in childhood. It is thus but seldom that the surgeon has to treat cases resembling the following one, in which the protruded portion was very large, and had been produced for the first time in a healthy young adult.

Jane D., aged eighteen, a servant, was admitted into the London Hospital under the care of Mr. Hutchinson, with prolapsus recti on November 10. She was pale and rather stout, but in fair health. The prolapse began eight weeks before she came in, the bowel coming down when she went to stool. The day before this occurrence she had lifted a nine-gallon cask full of beer from the floor on to the chair—an unusual effort for her. The gut remained prolapsed for three days, after which it was returned by a medical man. It afterwards continued to come down every time her bowels were moved. Some-

times she was able to return it, and sometimes not. She never had prolapse in childhood, nor did any of her brothers or sisters suffer from it.

From November to January she was kept in bed, took iron internally, and used astringent lotions to the rectum. For a few days in January she wore a pessary, but it did not prevent the prolapse from returning. Towards the end of January, the condition remaining the same — at least an inch and a half of gut being prolapsed every time she went to the closet —Mr. Hutchinson cauterized the exposed mucous membrane with nitric acid, applying it in broad streaks parallel with the length of the gut. The bowel was returned. Two days afterward she complained of severe shooting pain up the back.

On the third and part of the fourth days her temperature was constantly from 104° to 105°, but after the fourth day her bad symptoms subsided. Her bowels were kept inactive for ten days by opium. At the end of that time she had a motion attended by some pain and soreness, but not followed by any prolapse. About ten days later (three weeks after the operation) she was discharged. The bowels had been opened regularly every day, and no sign of a return of the prolapse had occurred. Digital examination revealed the presence of distinct ridges on the parts cauterized. There was no pain in the lower part of the bowel at any time after the operation, nor any discharge from the cauterized surfaces.

The occurrence *de novo* of such extensive prolapsus of the rectum at this patient's period of life is very unusual, and for that reason the case is worth putting on record, no less than on account of the complete cure which was effected by destroying longitudinal bands of mucous membrane with nitric acid. Although, however, she recovered quickly from the operation, it is to be observed that she had symptoms for a few days very suspicious of commencing peritonitis—a fact which shows the necessity for great caution in the performance of operations upon the unaltered mucous membrane of the rectum.—*Med. Times and Gaz.*, March 27, 1875.

Stab through the Ear; Wound of Middle Meningeal Artery; Traumatic Aneurism; Ligature of Left Common Carotid Artery; Death.—Mr. Sampson Gamgee, Surgeon to Queen's Hospital, Birmingham, reports (*Lancet*, April 17) an interesting case of this treated by him in Queen's Hospital. Pressure, ice, and perfect rest were the first means employed to arrest bleeding, and, for some days, with success. When the hemorrhage recurred, and a pulsating tumour gradually developed in front and below the wounded ear, the question of further interference pressed for solution, and the attendant responsibility was increased by the reflection that, as the wound was stated to have been inflicted on the constable while he was in the discharge of duty, a charge of wilful murder was impending, and two lives might be involved in the issue. It was obviously impossible to say with precision what artery was wounded, and the position of the injury precluded resort to the practice of cutting down in search of the wounded vessel, and tying it *in situ*. The recurring hemorrhage was slight in amount; pressure on the common carotid instantly checked it, and at the same time arrested the pulsation and bruit in the aneurism. Experience is steadily accumulating in favour of the treatment of aneurism by digital compression—a plan which in itself is singularly harmless. Ligature of the common carotid is attended with its own risk. These considerations decided me in giving digital compression a thorough trial—a decision in which I was sustained by my colleagues in consultation. An appeal was no sooner made to our students for volunteers to practise digital compression than a number came forward, and it is difficult to do justice to the gentle, faithful, and skilful care with which these gentlemen, over a period of seventy-two hours, remained at their post. For a time their endeavours promised the best result: the swelling grew solid, the pulsation and blowing murmur very perceptibly decreased; but eventually bright scarlet blood flowed again, and to check it it was necessary to exercise increasing pressure, which the patient was less able to bear. Death from hemorrhage now being immi-

nent and certain, I resolved to tie the common carotid as the only means of prolonging life. Dr. Sawyer administered ether, and Mr. West and Mr. Wilders assisted me[1] while I cut down upon the common carotid, and secured it with a catgut ligature just below the omo-hyoid. The man's thick and very muscular neck added to the difficulty of the operation in this deep position; but I deemed it safest to cut through healthy tissues, well below the infiltration in and below the parotid region. For the immediate object for which it was performed—the arrest of hemorrhage which threatened instant death—the operation was perfectly successful, although the supervention of hemiplegia and pulmonary congestion proved fatal in twenty hours.

The post-mortem examination showed the catgut ligature firmly embracing the left common carotid just below the omo-hyoid; on opening the artery, the inner coat was cleanly divided, and a firm adherent clot plugged the proximal extremity; the distal side of the vessel was quite empty. The wound in the ear perforated the membrana tympani, and an irregular cavity, between and about the pterygoid muscles, was filled with semi purulent decomposing clot. On removing the calvaria, the branches of the left middle meningeal vessels were quite empty, showing a marked contrast to their distended condition on the opposite side; the dura mater and brain healthy. The internal carotid in the skull and petrous bone was laid bare, and found free from injury. The external carotid and its branches having been previously dissected and found sound, the middle meningeal artery was traced from the internal maxillary through the foramen spinosum, and outwards along the base of the skull for about a quarter of an inch, where it was found to be torn in consequence of the splintering of the thin lamina of bone at the junction of the squamous and petrous portion of the temporal. From the under surface of this part of the skull, an irregular sloughing canal passed down to the false aneurismal sac between the pterygoid muscles, along which the blood had passed from the injured middle meningeal artery, being prevented from separating the dura mater by the close adhesion of that membrane in the base of the skull. All the other branches of the external carotid were healthy and free from injury.

[1] My colleague, Mr. Furneaux Jordan, who had previously given me the full benefit of his opinion, was unavoidably absent at the moment of the operation.

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Case of Large Pelvic Hæmatocele suppurating and discharging through the Rectum; Counter-opening from the Vagina; Recovery. —H. T., aged thirty-one, was admitted into the Birmingham Hospital for Women, under the care of Mr. Lawson Tait. She dated her illness from the age of nineteen, when she had been chilled by immersion in cold water while menstruating. The discharge ceased suddenly, and had never reappeared, but seemed to be replaced by a profuse leucorrhœa. She had been a long time under the care of various practitioners without any benefit, and had become very exsanguine, emaciated, and feeble, suffering from night-sweats and general hectic symptoms. She came under treatment in May, 1872, and had noticed a week previously that with every motion there came a quantity of purulent discharge. The uterus was found to be imbedded in a mass which was slightly movable in the pelvis, and exploration by the sound discovered that its cavity was normal in size and direction. In the rectum a small boggy depression was found just within reach of the finger, and this was diagnosed to be the point of aperture of a large, suppurating, peri-uterine, and extra-peritoneal pelvic hæmatocele. After having had an explanation of her condition, and its probable fatal ending, she readily consented to the operation advised, and was admitted as an in-patient in July, 1872.

She was placed under chloroform, and Mr. Tait passed a long aspirator needle into the tumour close behind the cervix. This soon declared itself to be in a suppurating cavity, and the track of the needle was followed by a bistoury, by which an incision, free enough to admit the finger, was made. A wide drainage-tube was fixed in, and the patient was kept in bed for a few days. No symp-

toms of disturbance followed the operation, and the patient left the hospital in about ten days. She wore the drainage-tube for about two months, during which time she resided in the country.

The discharge from the rectum ceased about a month after the operation. In February, 1873, she had almost recovered her health, and the vaginal wound had nearly closed. In February, 1875, she presented herself, but she looked so ruddy and so well that she could hardly be identified as the same woman. The uterus is still the centre of a mass, but it is not a fourth of its original size, and it moves with a fair amount of freedom.—*Lancet*, April 3, 1875.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association. — This Association held its twenty-sixth annual meeting at Louisville, Kentucky, on the 4th, 5th, 6th, and 7th of May of this year. The attendance we learn was very large, and the proceedings entirely harmonious.

May 4. The Association was called to order by Dr. E. Richardson, Chairman of the Committee of Arrangements, who welcomed the delegates in an eloquent address.

The President, Dr. Bowling, then delivered the annual address; the subject was Medical Education.

5*th*. Dr. J. M. Toner, chairman of the committee to memoralize Congress on the rank of the medical staff of the army, made a report, and offered the following resolutions, which were adopted: —

Resolved, That this Association learns with regret that no action was taken by the last Congress upon its recommendation in behalf of the Medical Department of the United States Army, and that we respectfully renew our petition, that Congress will enact such a bill for the benefit of the medical department of the army as will secure to its officers that share of rank and promotion to which we consider they are entitled, and which should be at least fully equal to that enjoyed by any other staff corps, or by the medical corps of any army.

Resolved, That a committee of five be appointed to call the attention of Congress to this subject, and the petitions which were forwarded to the last Congress by the physicians of the United States.

After the transaction of some further miscellaneous business, Prof. Gross, of Philadelphia, read an elaborate paper on Venesection as a Lost Art.

Prof. Austin Flint, chairman of the Committee on Practical Medicine, next read a report on the Medical Discoveries during the Past Year, in which he discussed the subjects of alcoholism, motor centres, new remedial agents, transfusion, and the natural history of crime. The report was referred to the Publishing Committee.

Dr. Toner made a report, suggesting the organization of an international medical association, in which the profession of America should be represented at the meeting in Brussels. Referred to the Committee on Nominations.

6*th*. Delegates were appointed to represent the Association in the International Medical Association, to be held in Brussels, in September next, and to confer with a committee from the Canadian Medical Association, which is to meet in Halifax, Aug. 5th next, on the subject of holding an international convention of the two associations.

The reports of the Committee of Publication, of the Treasurer, and Librarian were severally read.

Dr. S. D. Seeley, of Alabama, offered a prize of one hundred dollars for the best essay on Bright's Disease, which was accepted.

Dr. J. Marion Sims, as chairman of the special committee appointed to devise plans for the establishment of the McDowell memorial fund, offered the following preamble and resolutions, which were adopted: —

Whereas, It is universally acknowledged that the late Ephraim McDowell, of Kentucky, was the originator of ovariotomy; and

Whereas, We believe that proper measures should be instituted to commemorate this great achievement, and do appropriate honour to its author; therefore

Resolved, That this Association recommend to each of its members, and to the profession generally, to contribute annually such sums as they may think proper until the amount of ten thousand dollars shall be accumulated, which shall be known as the McDowell Memorial Fund, the interest of which shall be devoted to the payment of prizes for the best essays relating to the diseases of the ovaries.

Resolved, That this fund shall be invested by Trustees, to be appointed by the Association, and subject to such regulations as it may desire.

Resolved, That this Association shall elect a board of three trustees, whose duty it shall be to carry out the object of these resolutions, and whose term of office shall continue five years.

Resolved, That this Association will leave to the State of Kentucky the grateful privilege of providing a local memorial to the memory of Dr. McDowell.

Prof. Gross made some remarks regarding the justice of Dr. McDowell's claim to be the originator of ovariotomy, and announced that he would subscribe one hundred dollars to the fund.

Prof. Gross announced that it was designed to hold an international medical conference in Philadelphia during the Centennial celebration.

A report was received from the Judicial Council on various matters of ethics, after which Prof. E. M. Moore, of Rochester, N. Y., read an elaborate paper on Transfusion.

Prof. Byford then read a paper on Uterine Fibroids, which was referred to the Publishing Committee.

7th. After the transaction of some miscellaneous business, including the appointment of certain committees, the Nominating Committee reported the following officers for the next year, which nominations were confirmed

President—J. Marion Sims, M.D., of New York.

Vice-Presidents—First, John D. Jackson, M.D., of Kentucky; second, Samuel Lilly, M.D., of New Jersey; third, N. Pinckney, M.D., of U S. Navy; fourth, S. D. Seelye, M.D., of Alabama.

Treasurer—Caspar Wister, M.D., of Pennsylvania.

Librarian—William Lee, M.D., of District of Columbia.

Committee on Library—Johnson Eliot, M.D., of District of Columbia.

Assistant Secretary—Richard J. Dunglison, M.D., of Pennsylvania.

Committee on Arrangements—Drs. Wm. Pepper, chairman; Frank Maury, Albert Fricke, A. Hewson, S. W Gross, William Goodell, and T. M. Drysdale.

Committee on Publication—Drs. F. G. Smith, T. M. Drysdale, Albert Fricke, and William B. Atkinson, of Philadelphia.

Officers of Sections—Practice of Medicine, Materia Medica, and Physiology, F. G Smith, Pennsylvania, chairman; B. A. Vaughn, of Mississippi, secretary. Obstetrics and Diseases of Women, Samuel C. Busey, of District of Columbia, chairman; R. Battey, of Georgia, secretary. Surgery and Anatomy, Alonzo Garcelon, of Maine, chairman; E. T. Easley, of Texas, secretary. Medical Jurisprudence, Chemistry, and Physiology, E. L. Howard, of Maryland, chairman; E. L Hurlburt, of Illinois, secretary. State Medicine and Public Hygiene, B. C. Kedzie, of Michigan, chairman; Ezra M. Hunt, of New Jersey, secretary.

Judicial Council—The terms of a portion of the Judicial Council expiring at this meeting. the following were appointed to take their places: Levin S. Joynes, Virginia; R. N. Todd, Indiana; Robert Battey, Georgia; James E. Morgan, District of Columbia; T. B. Flager, New Jersey; S. N. Bentram, Pennsylvania; A. Dunlap, Ohio.

The following committee were appointed on the Prize Essays: Drs. Samuel D. Gross, F. G. Smith, Alfred Stillé, E. Wallace, H. C. Wood, Pennsylvania.

Dr. Bowditch, of Boston, made some extended remarks upon the practicability of establishing a National Council of Health, and offered the following resolution:—

Resolved, That each year, until otherwise ordered, the President Elect and the Permanent Secretary be directed to appeal, in the name of this Association, to the authorities of each State, where no State Board of Health exists, urging them to establish such boards, and that the

Permanent Secretary is directed to report the names of the States where Boards of Health exist, and also of those which decline to establish them.

After several complimentary speeches were delivered, and the adoption of resolutions of thanks for hospitalities received, the Association adjourned to meet in Philadelphia on the first Tuesday of June, 1876.

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Association of American Medical Editors.—This Association held its annual meeting at Louisville, May 3d. The President, Dr. Edgar, delivered the annual address. The subject of it was Medical advertising and Medical education.

The following officers were elected for the ensuing year: President, Dr. Bell; Vice-President, Dr. H. C. Wood; Secretary, Dr. F. C. Davis.

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Two Cases of Fracture of the Sternum.—Dr. J. N. Borland, Physician to the Boston City Hospital, reports, in the *Boston Medical and Surgical Journal*, April 29, 1875, two cases of fracture of the sternum, one produced, probably, by muscular effort during labour, which ended fatally, and the other by a fall from a considerable height; the latter recovered.

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Death from Chloroform.—In the *Dental Cosmos* for May, 1875, it is stated that on the 20th of March, a young man aged 16 went to the office of Dr. J. T. Bush for the purpose of having a tooth extracted. Dr. O. E. Gates administered a half ounce of chloroform, and in five minutes the patient was dead.

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College of Physicians and Surgeons, New York.—Prof. Alonzo Clark has been unanimously elected by the Trustees, President of this College.

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University College, New York.—Prof. Alfred C. Post has resigned the chair of Surgery in this school, and Prof. John T. Darby has been elected to fill the vacancy. Prof. Post has been elected emeritus Professor of Clinical Surgery.

Second-handed Papers before Societies.—We extract the following just remarks on this subject from our excellent contemporary *The Medical Record*, May 22, 1875.

"During the recent meeting of the American Medical Association, the question concerning second-handed papers came up for a decision. It has been the fashion from time immemorial for certain authors of papers to peddle them from one society meeting to another, and make all the capital they can before strange audiences. Not unfrequently these articles have been read over five or six different times as original ones, and lastly are presented before one of the sections of the Association, and appear in the Transactions. The practice has indeed been carried on to such an extent that it has been looked upon as one of the recognized means of cheap advertising. Such papers frequently make their first appearance before some county society, and in a large city go the rounds of all the greater and lesser associations, until the annual meeting of the State Society, when they are read again, and if by that time they are not published, the chances are good for some of the sections referred to. The same thing is done with some remarkable case, the relator presenting it before every association of which he is a member, until it is known by all society-goers as a very old story.

"The committee who have had charge of the selection of papers to be read before the sections have taken a very commendable stand in this matter by ruling out everything which is not entirely new. In spite, however, of their determination to be radical in this respect, it seemed impossible to prevent the presentation of some papers which were not only read before, but abstracts of which have already been widely published. Now, however, that the proper initiation has been taken, we shall hope for better things in the future. Let the other societies follow the example."

May we not add medical journals also? and thus restrict a very common and by no means commendable mode of advertising. The extent to which it is carried

may be judged from the following fact. Some years ago the editor of a journal in this city received a communication with the request that he would publish it in his July No. Not being quite satisfied as to the status of the author or with the tone of the communication, it was laid aside for future consideration. As the different journals for the month mentioned were received, it was found that the article was published as an *original* communication to no less than five of these journals. This, it must be admitted, was most extensive advertising, though less so than the author intended. Does not such a course manifest more of a desire to advertise one's self than to advance our science?

FOREIGN INTELLIGENCE.

New Aids to Diagnosis.—At Rome a conference of the medical clinic of the University was held on the 18th of April to hear Dr. Collongues explain the mechanism and working of three new instruments devised by him, and entitled the pneumoscope, the dynamoscope, and the bioscope, which promise to be of considerable use in the practice of medicine. With the pneumoscope are produced artificially all the abnormal murmurs proceeding from the respiratory organs in a state of disease; with the dynamoscope may be determined the scale of all the sounds which are made at the digital extremities by the continuous movement of the tissues; while the bioscope registers with precision the heat, the electricty, and the functional activity of the skin. Prof. Baccelli and others of the medical faculty of Rome express themselves highly pleased with Dr. Collongues's inventions, which will soon be made known to the professional world.—*Lancet*, May 1, 1875.

Nature of Puerperal Fever.—Mr. Spencer Wells opened the debate on this subject at the Obstetrical Society, but the time at his disposal was so brief that he could not discuss the evidence for and against any one of the many views which have been entertained with regard to the nature of what is called puerperal fever; and he opened the debate by propounding a series of questions to be discussed without giving any definite answer to any one of those at least which relate to the etiology of the disease. Still, from the general tenor of his remarks and from his expressed opinion with reference to the value of antiseptics in the prevention of this affection, it appears evident that Mr. Wells classes puerperal fever with pyæmia and septicæmia; for he believes that, by precautions similar to those inculcated by Lister in his antiseptic method of treating surgical injuries, lying-in hospitals may be rid of puerperal fever just as general hospitals have been rid of pyæmia by those means. In so far as the discussion has taken place, those who have taken part in it have abjured rather than maintained the view, once generally held, that puerperal fever is produced by a specific morbid poison; and Dr. Leishman, who until recently had been a supporter of that view, took occasion to make public the fact that he had renounced the opinions he once entertained, and had come to the conclusion that puerperal fever was generally of a pyæmic or septicæmic character. A great difficulty with some minds in accepting the contagious or infectious theory of the disease has been the fact that many women have been exposed to the poison of scarlet fever, measles, or of decomposing animal matter, etc., during the puerperal state, and yet have not become affected with puerperal fever, but have made a favourable recovery. Whatever be the value of this objection, there can be no doubt that a considerable number of the profession are led by it to discard the contagious character of the disease. The remarks of Dr. Newman cannot fail as an effective answer to this objection; for he pointed out that there are certain conditions which favour infection with the poison in the puerperal, just as there are certain conditions which predispose to infectious or malarious diseases in the non-puerperal state; and the causes of this predisposition in the puerperal state indicated by Dr. Newman are the very same conditions which act in a similar manner in the non-puerperal—namely, exposure to sewer gas in badly-drained houses and depressing emotions. One other predis-

posing condition he named which is peculiar to the lying-in woman—the activity of the vital processes in the pregnant and puerperal state.

The well-worked-out statistics of Dr. Braxton Hicks bear strongly on the etiology of the affection, for in spite of the difficulty of tracing contagion in such a populous city as London, and especially amongst the poor, yet he pointed out that 89 or 90 per cent. of cases of puerperal fever could be traced to contagion from specific fevers or to decomposing materials in the uterus, thus leaving only 10 or 11 per cent. in which the cause was difficult to trace. We know but little of the action of contagium, septic matter, and decomposing animal matter on the blood when introduced into the body; but we do know that very important changes take place in that fluid in consequence of exposure to contagion, as in malignant smallpox, scarlet fever, etc., as well as in consequence of the introduction of septic or decomposing animal matter into a wound, or into a scratch received while performing an operation or a post-mortem examination. Whether the evil effects produced be due directly to the poison introduced from without, as is generally believed, or to the absorption of poison from the patient's own tissues, as Mr. Hutchinson holds is the case in septicæmia, or whether bacteria contribute in any way to the production of those fatal symptoms which frequently follow exposure to contagion or septic poison in the puerperal state, the question of importance is—Can these evil effects be prevented? In a large and populous city, where infectious disease is always present in some form or other, the lying-in woman not infrequently runs a risk of exposure to contagion. What are the measures that should be taken, and which would prove effectual, for her protection? Mr. Spencer Wells suggests antiseptics and general sanitary measures. It is difficult to see how antiseptics can be effectually applied in lying-in cases, seeing that in the event of the slightest want of care they are liable to fail in their effects in cases where they are easy of application. General sanitary measures have done much for the lying-in woman, for we do not hear now of such epidemics as those described by Gordon and Armstrong; and they will yet do more when those reforms which are necessary to the health of our most populous districts shall have been perfected.—*Lancet*, April 25, 1875.

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Disordered Nerve-function in an Infant.—Mr. Thomas Smith reported to the Clinical Society of London (*Brit. Med. Journal*, May 1, 1875), the following interesting case. L. C., a girl sixteen months old, the only child of healthy middle-aged parents, was under the care of Dr. Chaldecott of Chertsey. She was healthy up to a year old, when she could walk. At this time, she began to cut her teeth rapidly, and suffered from disordered bowels, being for the most part troubled by obstinate constipation, but occasionally suffering from diarrhœa. Her urine became high-coloured and very offensive. She gradually lost strength, became unable to walk, and finally was too feeble even to sit up. She had no convulsions. When first seen by Mr. Smith, she had been ill for four months; her expression was anxious; face pallid; she was very irritable; she could neither sit nor stand. The skin was everywhere harsh and dry; on the front of the belly, it was shrivelled, and looked as if she had borne children. The pulse, tongue, and respiration were natural; the bowels, though obstinately constipated, were less so than heretofore. There was scarcely any hair on the head. She held her hands to her head like a child suffering from cervical caries. There was tenderness over the spine in the sacral region. There was no paralysis of sensation or motion. The urine and feces were normally retained. The following phenomena were observed. The child, who was extremely fretful and irritable, could at once be quieted by scratching roughly either the palms of the hands or soles of the feet. If this were done, she at once became quiet; the expression of her face completely changed; her muscles relaxed; and in a minute or two the parts scratched lost their dry and horny condition, and became warm and soft. Meantime, perspiration began to flow more profusely, until it dripped from the

surface. The parents said that, as long as this irritation was continued, the same phenomena were observable; and that the child would remain quiet even for hours. The same results could be obtained by scratching the scalp, or by plucking out the hair. The present hairless condition of the head was due to the child having torn off her own hair for her own pleasure. She had been treated with advantage by bromide of potassium and hydrocyanic acid, and her constipation had been relieved by small doses of jalapin with podophyllin. Two months later, under the continuance of the same treatment, all symptoms, with the exception of the constipation, had disappeared. The urine was normal; the skin moist and soft; the palms and soles were no longer dry and horny, and she could not bear to have them touched. The hair was growing well on the head; she had no pain; she could sit up, and even walk. The improvement had been gradual and persistent. Mr. Smith brought this case before the Society as an instance of that form of hysteria known as spinal irritation, and fully described by Dr. Radcliffe, the late Dr. Anstie, and others; a disease seen, as he said, too frequently in adults, especially in the middle and upper classes, but most rarely met with in infants.

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Action of External Application of Warm and Cold Water, etc., on the Cerebral Bloodvessels.—Schüller has made a number of experiments on rabbits to ascertain the effect on the cerebral bloodvessels of the external application of warm and cold water. The animals were trephined, and in course of time the cervical sympathetic on one side was removed. Some of them were curarized. The following were the results which he obtained: 1. Dilatation of the vessels of the pia mater is produced by laying compresses soaked in water at a temperature of 50° Fahr. on the abdomen, and in a more intense degree and of longer duration by immersing the animal in the water. If the action of the cold water be continued for five or ten minutes, the result is gradual contraction of the cerebral vessels, which often lasts half an hour. 2. The application of warm water (95° to 99°.5 Fahr.) always produces strong contraction of the vessels, which lasts for a longer or shorter time. 3. Douches on the belly or back generally produce alternating changes in the calibre of the cerebral vessels. 4. The injection of water into the rectum is attended with moderate dilatation of the vessels. 5. The usual result of the cold pack is a gradually increasing and very energetic contraction of the vessels of the pia mater, which often lasts two hours. At the same time, the pulse and respiration become slower, and reflex irritability is reduced. 6. Ice laid on the intact skin of the head produces, after some time, a moderate contraction of the vessels. 7. Friction of the abdomen always produces contraction. The results were observed in curarized animals in a less marked degree than in those not so prepared. Section of the vagi has no influence on the changes in the vessels. Schüller makes some further remarks of physiological interest; and, with regard to the practical part of the subject, observes that the use of extreme temperature is contraindicated in cases of cerebral hyperæmia, anæmia, and congestion, especially where the muscular structure of the bloodvessels is impaired. He attributes the beneficial influence of the various forms of baths partly to the depletion of the cerebral vessels, partly to the establishment of normal tone in the muscular structure of the cerebral vessels, to strengthening of the cardiac muscle, and to improved nutrition both of the nervous centres and of the whole organism. The chief point of interest in Schüller's communication is, that the action of baths is not limited to the temperature and the change of substance, but that changes in the distribution of the blood, in respiration, in the action of the heart, and in excitability of the nerves, form part of the physiological results of this agent.—*British Med. Journ.*, Feb. 27, 1875, from *Corresp.-Blatt. der ärztl. Vereine, etc.*, No. 14, 1874, and *Allgemeine Med. Central-Zeitung*, No. 94, 1874.

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Value of Vaccination.—The following vaccination statistics have been compiled

from the books of the Montreal General Hospital. During the past twelve months, fifty-five unvaccinated persons were admitted into the smallpox wards. All of them except five have had the confluent form of the disease—*i. e.*, the serious form; and out of the fifty-five who were admitted, twenty-eight died, showing a mortality in the unvaccinated of over 50 per cent. On the other hand, among those who had been once vaccinated and had two good marks on the arm, there were only four deaths. Only seven had more than two good marks, and those seven had the mildest form of the disease, and made a rapid recovery. Only two cases were admitted during the last twelve months who had been successfully revaccinated; and in them the disease was so mild that they might have been permitted, except as a precautionary measure, to follow their ordinary avocations. Thus, in the unvaccinated, the mortality was over 50 per cent.; among those who had been properly vaccinated in their infancy, but who had neglected to be revaccinated, there were only four deaths; while only two cases had been admitted where revaccination had been successfully performed, and they were of the mildest description.—*Brit. Med. Journal*, April 10, 1875.

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Death from Chloroform.—The *Gazette Médicale de Bordeaux* (Nov. 5th, 1875) mentions a fresh case of this kind, a man, aged forty-two, suffering from a cancroid of the penis, on whom Dr. Lande operated by galvano-cautery. Chloroform was given with a compress arranged like a funnel, at the bottom of which was a plug of lint. The patient, though weak, had neither pulmonary nor heart disease. Scarcely had twelve to fifteen *grammes* of chloroform been inhaled, when, at the end of two or three minutes, the patient became pale, the pulse stopped, the respiration was suspended, and all efforts to restore animation proved fruitless.

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Execution of an Abortionist.—Alfred Heap, who was convicted of the murder of a young woman at Manchester, England, by an unsuccessful attempt to procure abortion, was executed at Liverpool on the 19th of April.

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Spina Bifida.—This generally proves fatal early in life, but Dr. Drummond states (*British Med. Journ.*, April 17) that he was shown in 1838, by the late Dr. Berger, a case in the poorhouse, at Zurich, in which the patient had attained the age of twenty-five years.

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Examinations at the Royal College of Surgeons of England.—At the recent primary or anatomical and physiological examination for the diploma of membership of the Royal College of Surgeons of England, fifty-six out of the hundred and seventy-six candidates were "plucked." From one large school, fourteen were referred to their studies, and some of the smaller schools were no better off. This is a matter which concerns both teachers and students. There is, we imagine, not much to be said against the trustworthiness of the examinations at the College as tests; for a great deal of pains has been expended in bringing these examinations into more complete harmony with the modern methods of teaching and subjects of instruction. The badness of the examinations was at one time the common explanation of the defects of the candidates. They would pass a modern style of examination, it was alleged, but could not be expected to retail eighteenth century knowledge to octogenarian examiners in the nineteenth. Hitting high seems, however, to be even more painful than the old method of hitting low. The probable inference is, that there are too many tender places in the examined.—*Brit. Med. Journal*, May 8, 1875.

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Obituary Record.—Died, March 1, 1875, Professor Hubert v. Luschka, of Tubingen, one of the most renowned of recent anatomists.

—— recently at Berlin, of pneumonia, in the 62d year of his age, Dr. Alexander Göschen, editor and founder of the *Deutsche Klinik*.

—— in Florence, March 31st, 1875, the Nestor of Italian Medicine, Maurizio Bufalini, aged 88 years.

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This title, ambitious and exhaustive as it is, simply and truthfully describes this most valuable and learned work, which briefly but distinctly gives any one who consults it, in the most accessible form, a vast amount of information on medical terminology of all kinds.—*Edinburgh Med. Journ.*, May, 1874.

The physician who cannot afford this work can hardly afford to live in the medical profession.—*St. Louis Med. and Surg. Journ.*, March, 1874.

We know of no single book which is of greater value than this to the student of medicine.—*Chicago Pharmacist*, March, 1874.

A marked improvement of this, over any previous edition, is found in the great care bestowed upon the accentuation of technical words. It may now be consulted with as much confidence for the *pronunciation* of words as it was formerly for their derivation and definition. The work may be said to be as nearly perfect as human imperfection will permit. The son has honored himself in his labor of love—in his successful effort to perpetuate the well-earned fame of his distinguished father. It is perhaps useless to add that Dunglison's Dictionary is a necessity to every *live* medical man.—*Nashville Med. and Surg. Journ.*, Feb. 1874.

Dunglison's Medical Dictionary and modern medical progress have advanced *pari passu*. This new and enlarged edition, which "includes more than *six thousand* subjects not embraced in the last," is strikingly significant of its character from the beginning—more than forty years ago—excelling the while all other works of its kind. It is a book of singular culture from the first, under a master in science; and this new edition bears ample testimony of a goodly heritage, a monument of diligent research and profound learning; a treasury of knowledge to every practitioner, and an indispensable ally to every student of medicine.—*The Sanitarian*, March, 1874.

Language would fail us should we attempt to present a tithe of the value of this king among the books necessary to the completion of a physician's library. No other volume can take its place, being complete, and up to the times. With pleasure we notice how well Dr. Richard J. Dunglison has completed this great work of his honored father, the late Robley Dunglison.—*Cincinnati Lancet*, Feb. 1874.

As a standard work of reference, Dunglison's work has been well known for about forty years, and needs no words of praise on our part to recommend it to the members of the medical, and, likewise, of the pharmaceutical profession. The latter especially are in need of such a work, which gives ready and reliable information on thousands of subjects and terms which they are liable to encounter in pursuing their daily avocation. The work before us fully supplies this want.—*Am. Journ. of Pharmacy*, Feb. 1874.

The distinguished author was occupied in this work up to the time of his death. Since then, it has been taken up and ably completed by Richard J. Dunglison, M.D., who has carried out, as far as possible, his father's plans and wishes. The dictionary, in its present form, is a medical library in itself, and one of which every physician should be possessed.—*N. Y. Med. Journ.*, Feb. 1874.

A work which, in its matter, style, and general arrangement, is nearly all that can be desired.—*Dublin Medical Journal.*

Well deserves the authority and popularity to which it has attained.—*British Medical Journal.*

HENRY C. LEA—Philadelphia.

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CONTENTS.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Periuephritic Abscess . 97

HOSPITAL NOTES AND GLEANINGS.

Carcinoma Uteri; Uterine Hemorrhage controlled by Hypodermic Injection of Ergotin 101
Suppurative Synovitis of the Knee after a Severe Sprain; Treatment by the Aspirator and Ice-bags; Recovery without Stiffening 101

MEDICAL NEWS.

Original Articles—Poisoning from Eating Honey 102
Piece of Glass Imbedded in the Conjunctiva for Thirteen Years 103
Case of Self-Inflicted Castration . . . 103
Case of a Man who fell 258 feet and not killed 104
Domestic Intelligence—Death from Chloroform 104
Pennsylvania State Medical Society . . 105
American Neurological Association . . 105
New Jersey Medical Society 105
Illinois State Medical Society 105
Medical Association of the State of Missouri . 105
California State Medical Society . . . 106
Indiana State Medical Society . . . 106
Kentucky State Medical Society . . . 106
Medical and Chirurgical Society of Maryland 106
Medical Legislation in Pennsylvania . . 106
Monument to Horace Wells 106
Hyperidrosis 107
Central New York Journal of Medicine and Surgery 107
Foreign Intelligence—Reported Case of Death from the Inhalation of Ether . . 107
Hemiopia with Hemiplegia 107
Ether and Chloroform 108
Transplantation of the Conjunctiva of the Rabbit into the Conjunctival Sac of Man . 108
Treatment of Poisoning by Phosphorus by Means of Intravenous Injections of Oxygen 109
Bacteria 109
Discoverer of Chloroform 109
Law and Medicine 109
Experiments on Animals 110
Ziemssen's Cyclopædia of Medicine . . 110
A New Ophthalmic Operation . . . 110
The Relations of Micrococci to Erysipelas . 111
Monument to John Baptist Morgagni . . 111
Honours 111
Obituary Record 111

STOKES ON FEVERS . . . . . 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Perinephritic Abscess. By W. MOXON, M.D., Physician to Guy's Hospital.

There is something more special about an abscess than as students we at first usually think. It is nothing new to say that all circumscribed suppuration is not abscess. Celsus, for instance, limited the term abscess to "latius vitium," though he well knows and says that his struma, phyma, and furunculus are "minuti abscessus." But as students we read and hear about the suppurative stage of inflammation as a stage following the congestive stage and the plastic stage, until we might think all inflammations have these stages. But not every inflammation tends to run to abscess. Thus, as to the kidneys, Bright's disease is an inflammation which never goes on to abscess. In short, in the production of a great abscess there is something as special in its way as in the development of a sarcoma.

The disposition to form pus is a peculiar feature of the pathological history of some classes of animals as contrasted with others. Rabbits and dogs do not differ only in their dentition and fur, etc., nor even, further, only in their taste for each other's flesh, etc., but amongst

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their differences is this—that injuries to rabbits readily induce suppuration, while the injured textures of dogs readily resist suppuration; and just as some men are vegetarians and timid, like rabbits, while others are beefeaters and plucky, like dogs, so there are some men whose textures easily go down to pus on slight provocation, while other men's textures remain proof against similar provocation Perhaps the difference between people who do grow large abscesses in their bodies and people who don't is chiefly one of breed, as appears the case in rabbits. But it is doubtless, as in the case of rabbits, also one of food; low-fed people, who get too little meat and oxygen, are the kind to produce abscesses.

Here, then, our patient B——'s history is in point. It seems he had hip-joint disease from his thirteenth to his eighteenth year, ending in destruction and dislocation of the joint; when twenty-two, rheumatic fever for six months, then cholera soon after severely, followed by jaundice sixteen years ago. (He is now forty-two.) Here is a history of a nature to predispose to suppuration; indeed, one may think him, from the hip disease, already scrofulous. Then, five years ago, we hear of a hard winter on his return to Poland, and an illness with great distress about his urinary system; at the same time a carbuncle on his neck. Then the urinary trouble increases after an interval of eighteen months, and in 1873 he passes much blood at three months' intervals, once half a pint, the flow usually lasting from five days to a week, the blood (he says) coming at first in a stream, then mingled with the urine. About this time his symptoms induced his medical attendants to frequently sound him for stone in the bladder. Eleven months ago the blood ceased to appear, and a thickish white matter was in the urine, which also disappeared, and his urine is now natural. But nine months ago a lump came in his right loin, where he had before had severe pain; great pain accompanied the formation of this lump. Hereafter our attention in reference to poor B—— must remain fixed upon that lump. It appears he felt the lump nine months ago.

Here you ought to notice that clinically abscesses often come nearer to tumours than to "inflammations." I don't know who first used the term "pus-tumour," but it is a very serviceable term if it remind you that what you long call a tumour may turn out to be pus. Notice well the *hardness* of a large patch in the act of suppurating. In No. 17 Clinical ward, recently, an abscess arising in the neck of a woman formed a large brawny mass of a nature which could not have been told from a solid growth by the touch alone. Notice, too, the *circumscription* of the mass of a commencing suppuration. In any place where the cellular tissue around is lax enough to allow you to feel its outlines, you will find such a patch remarkably defined. Then remember the possibly long duration of such masses, especially in the abdomen; a tumour there may last twelve months and then prove to be an abscess. And when you know that these great abscesses kill, like malignant tumours, by invading, converting, and slowly destroying important parts, and when you further notice that in such cases other abscesses are set up in the neighbourhood discontinuous with the first, then the principal characters of malignant formations are completely represented, and it is only the influence of authority and habit that would induce you to withhold the term "malignant pus-tumour." To illustrate this let me mention a case I saw with Dr. Cree the other day, where a disease of the sacrum had set up a large abscess; but in the psoas muscle high up, and in the abdominal oblique, close to the eighth costal cartilage, there were two other abscesses entirely discontinuous with the first. Here was no mere pyæmia; the distribution of the abscesses was different from that in pyæmia, and there was no fever.

It appears that poor B——'s lump was mistaken for a tumour, and a very unfortunate thing that has been for him; timely relief would have perhaps saved his life; as it is, I fear poor B—— and his abscess will come to an end together.

I will put this question to you, When this man came eight months ago to his

doctor, and said he had passed bloody urine for some time, and now had great pain and a lump in his right loin, was it not his doctor's duty to explore the lump and ascertain whether it was pus or no? Well, I think under such circumstances an exploratory operation would be the doctor's duty.

Of course the doctor must be aware, as you doubtless all are, that an abscess in or about the kidney may result from calculous irritation of the pelvis of the kidney, or, indeed, from any other of those inflammations which, since Rayer invented the name, have been called "pyelitis." The occurrence of such abscesses is rare, so that it may be forgotten; but it is not so rare as to make it unimportant to remember it, or to entitle you to forget it. Indeed, abscesses in this region may be of several sorts, and either within or external to the kidney—*nephritic* or *perinephritic*.

You may meet sometimes with pure perinephritic abscess, or may be asked about it, so you may as well know that the name is given to mark the occurrence of abscess in the bed of the kidney; not arising from causes within the kidney, but coming on through a strain or injury, or "cold," or suppurative diathesis, or else following fevers, just as abscesses will arise elsewhere. Such perinephritic abscesses are distinguished by the absence of renal symptoms.

But suppuration about the outside of the kidney is, I believe, much more frequently set up by disease which has arisen within it. This class of cases has been longer recognized, but not so long as that third class of cases where there is a great renal abscess formed by a distension of the organ into a pus-sac without any external suppuration at all.

Now, knowing all this, could the doctor, when the patient came with his history of hæmaturia and complaint of painful swelling in the loin, have been sure what he was dealing with without tapping? Would he have been justified in making a deep free incision? Given the long history of symptoms of calculus and the presence of the "lump," must that swelling be inflammatory, and abscess? Certainly not. Cancer may coexist with and be caused by renal calculus, even if five years be too long a time for the cancer itself to have been growing and causing the bleeding. Remember here how very frequently gall-stones accompany cancer of the liver. In our museum you will see specimens of calculi in cancerous kidneys. In endeavouring to decide upon the presence of pus, you would observe as to rigors, high temperature, sweating, etc., but these symptoms may deceive you. Some three years ago I met with a case in which the temperature reached 103°, and severe sweatings and rigors were experienced, when the cause was rapidly-growing cancer of the liver, and no trace of suppuration existed. Hence an exploratory tapping with a trocar or grooved needle is required before you would proceed to make the freer opening that is indicated when the swelling is known to be an abscess. That such a free opening should be made in all cases of perinephritic abscess no one would now, I think, dispute, especially after the very encouraging results obtained in operating on such cases by Dr. Bowditch, of Boston. But I would go further, and would equally readily open the pelvis of the kidney itself, if convinced that the state within it corresponded to abscess. About four years ago, at my request, Mr. Bryant cut into the pelvis of the left kidney in a case where the symptoms indicated nephritic abscess. Several ounces of pus escaped, and the patient was much relieved, though the extreme degree of scrofulous disease of the kidney led ultimately to death.

On the other hand, let us review the dangers that arise if the pus be retained and allowed to find its own way about in the neighbourhood of the kidney. I need scarcely remind you of the relations of the right kidney. You remember that it is situated with its upper half upon the diaphragm against the lower two or three ribs. Hence it is that in B——'s case we find the lower part of the right chest posteriorly yields crepitant sounds in his respiration. This, indeed, is a very important and threatening sign, for the bursting of such an abscess into the

pleura or lung is to be feared, and this occurrence experience shows is nearly, but not quite, sure to be fatal. Then the colon runs down in front of the kidney towards its inner side, and many renal abscesses, taking advantage of this relation, have burst into the colon. Also the psoas muscle lies close to the inner side of the kidney, and the muscle is liable to be invaded by abscess around the kidney. The pus appears to enter along the nerves which pierce the psoas. At any rate the muscle may be quite destroyed by the spread of abscess within it and beneath the iliac fascia, the iliacus sharing its fate, until the pus protrudes in the upper part of the thigh, in the region of the psoas-iliac muscle, bearing forward and inward the femoral artery. This has happened in B——'s case, and you find such a protrusion in his thigh, into which protrusion air was observed to enter after the opening of the abscess in the lumbar region. This complication of psoas abscess is a very grave addition to our patient's danger. It has been observed before. Thus, in a case in Dr. Prout's work, the psoas muscle was quite destroyed by a renal abscess. It would have been far better for B—— if the abscess had taken the course backward through the quadratus lumborum, which is the most favourable direction, and is that which is chosen when we try to reach the abscess with the knife. In one of my out-patients some years ago, after pain and hæmaturia, pus appeared over the sacro-iliac synchondrosis of the side where the pain had been suffered. Such an abscess may fail to perforate the transversalis or iliac fascia, and hence may spread in the subperitoneal cellulosity, and so go into the false or even into the true pelvis, or into the peritoneum. The right kidney, you know, rests against the liver by a greater or smaller portion of its anterior surface; and thus it is that B—— had slight jaundice, relieved when Mr. Davies-Colley opened the abscess; three pints and a quarter of pus then escaped, and the liver at once descended about an inch. The right kidney also touches the duodenum; but I am not aware of any practical results having followed from this.

When thus speaking of the usual relations of the right kidney, it may be as well to notice that, in different subjects, you find them very inconstant. The liver may not touch the kidney at all, for instance—indeed, the kidney is but imperfectly held in its place; and you are aware that this laxity of position and relations culminates sometimes in the entire dislocation of the organ, and its appearance as a "floating" or movable kidney. But the distension of the kidney or of its site by abscess brings the purulent collection into all these relations, none of which should be forgotten.

There is, however, one other relation which I do not remember to have ever heard made the subject of remark, but which is indicated in B——'s case, and which I have met with before, especially in that case operated on by Mr. Bryant, and alluded to before in this lecture: I mean the extension of the inflammatory thickening about the abscess until it involves the cellular and nervous textures around the vena cava and aorta, and so causes symptoms of paralysis of the abdominal sympathetic, producing most distressing flatulency and irregular constipation. There is great tympanites and much suffering from this complication. It is more likely to be severe when the disease is of the left kidney. It is worth noticing that in none of the cases in which I have observed it did the conditions of Addison's disease appear, though perhaps the most learned of all the many works on Addison's disease led up to the conclusion that the symptoms of that malady are due to secondary implication of the abdominal sympathetic through extension of inflammation from the capsules.

B—— has been very much relieved by the operation, and is now taking his nourishment well. He is of course placed on the best system for sustaining his tone and nutrition that we can devise, but the vast extent of the abscess makes his prospects very doubtful indeed, and, as I said before, renders it exceedingly unfortunate that he did not obtain more timely relief. —*Lancet*, May 1, 1875.

HOSPITAL NOTES AND GLEANINGS.

Carcinoma Uteri: Uterine Hemorrhage controlled by Hypodermic Injection of Ergotin.—Elizabeth S., æt. thirty-three, was admitted into London Hospital, November 10th, 1874. She had been married fifteen years, and has been a widow for eight years. During her seven years of married life she bore five children. She first menstruated at the age of fifteen, and suffered from dysmenorrhœa, until her marriage at eighteen. She enjoyed moderately good health till seventeen months ago, when considerable pain came on at her menstrual period, with profuse bleeding. Hemorrhage had continued on and off ever since, but always worse at her periods, and was attended with sharp cutting and expulsive pains, especially referred to her right side. She had had a discharge for about the same time, but said that it had never been "particularly" foul smelling. Examination *per vaginam* revealed a very advanced malignant disease all around the cervix, and extending high up into the fundus. Her constitutional signs, also, were indicative of the character of her malady. During her stay in hospital she had two hemorrhages. The first followed an examination with the sound; it was not excessive, and was stopped by the introduction of ice. The next was more severe, and could not be arrested till the perchloride of iron was applied. Hemorrhage returned on January 8, 1875; it came on severely about seven o'clock P. M. Ice was tried, but to no purpose; plugging had not the slightest effect; the resident accoucheur was, therefore, compelled at last to swab the whole of the interior of the uterus with perchloride of iron. This took some time to arrest the flow of blood which was issuing freely from the irregular and scarcely distinguishable os. A plug of cotton-wool, saturated with solution of perchloride of iron, was left in the cervix, and the hemorrhage ceased; since then she had two hemorrhages. On February 1st, the first took place, and was very profuse. The resident accoucheur injected at once two of Dr. Sansom's ergotin disks into the forearm, dissolved and introduced after his plan. (There is one-third of a grain in each disk.) No plug, ice, or other means was employed. For the first five minutes the quantity of blood seemed as much as before, but slowly and surely afterwards the quantity decreased, till, at the end of half an hour, hemorrhage had entirely ceased. She had not the slightest inconvenience following this treatment, neither had she the elevation of temperature (103.5 degs.) which she had after the perchloride of iron swabbing. So confident was the patient of its efficacy that she said, "I hope, sir, that if the bleeding comes on, you will give me another of those things in the arm."

The next hemorrhage occurred on February 17th. She had bled a little in the morning early; and, whilst the resident accoucheur was in the ward, it came on, but not so profusely as in the previous attack. This time three disks were used. They acted more quickly than on the former occasion, and hemorrhage all stopped in about twenty minutes. No bad symptoms followed.

Her other treatment has simply been to relieve symptoms, opium and chloroform, stimulants, etc. She has had no hemorrhage since.—*Brit. Med. Journ.*, March 27, 1875.

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Suppurative Synovitis of the Knee after a Severe Sprain; Treatment by the Aspirator and Ice-bags; Recovery without Stiffening.—In the following case, at the date of the use of the aspirator the state of things was very critical, and very slight hope was entertained that incisions into the joint, followed very probably by excision or amputation, would be avoided. The successful result was in all probability due to the combination of the two measures, the relief of tension by the aspirator and control of inflammation by cold. Had the cold been omitted, in all likelihood the joint would have filled again.

The patient was a man aged twenty, who was admitted into the London Hospital, under the care of Mr. Hutchinson, on account of acute inflammation of the left knee, which had followed a severe sprain received in slipping down a ship's ladder. He was admitted on Oct. 31st,

and, in spite of treatment and complete rest, had got steadily worse, until a fortnight later all the signs of suppurative synovitis were present.

On Monday, November 16th, the joint was distended with fluid, and the skin above the patella was thin and red, as if it were about to point. The man was very ill, with a temperature of 103°, a rapid pulse, and dry tongue. Mr. Hutchinson remarked that the conditions would fully justify incisions into the joint, but he preferred first to try the plan of drawing off the fluid by the pneumatic aspirator. The instrument was accordingly introduced into the joint at the spot where there was the greatest tendency towards pointing. About an ounce of distinctly purulent synovia, opaque and yellow, escaped, and then the canula became blocked. The instrument, which was a very small one, was withdrawn, the joint still containing a good deal of fluid.

On the following morning (November 17th) the largest trocar of the aspirator was introduced near the same spot, and purulent fluid withdrawn to the amount of two ounces and a quarter. The patella no longer floated, but a good deal of swelling still remained. During the next twenty-four hours the man did not seem much relieved, and he passed a restless night, although he had a sleeping-draught. Evaporating lead lotion was applied. The next day (November 18th) he began to improve, and by the evening he was surprisingly better. A couple of ice-bags were put upon the joint, the leg remaining as before upon a back-splint. There was no tension or tenderness; no accumulation of fluid ever took place.

From this time to January 1st he steadily improved, not a bad symptom being observed. After the 1st November his temperature never rose above 99° F. Three weeks after the tapping the back-splint was taken off, and he was allowed to bend his knee in bed. This he did freely and easily, without any bad consequences. On January 15th he was perfectly well; there was not the least swelling about the joint, and he could bend and extend it quite freely. He subsequently left the hospital quite well. —*Lancet*, May 29, 1875.

MEDICAL NEWS.

ORIGINAL ARTICLES.

Poisoning from Eating Honey. By Samuel B. Smallwood, M.D., of Huntington, Suffolk Co., Long Island.

On Feb. 6th, Mrs. B. invited several of her relatives to tea, and among the many delicacies provided was a very fine specimen of honey in an unbroken comb. Of this they all partook sparingly. Shortly after the meal one of the gentlemen, who was smoking, experienced a burning sensation in his throat, followed by a tingling and burning of the skin and some nausea, which he attributed to the heat of the room and the cigar he was smoking. The nausea, however, increased so rapidly that he remarked to his brother that he feared he would be stomach-sick. A lady overheard the remark, and expressed herself as suffering from the same disagreeable sensation. I was called about an hour and a half after the meal, and found that the gentleman had vomited twice very freely, but was feeling better; complained still of burning sensation in the skin, stomach, and fauces, some unsteadiness of gait, vertigo, dimness of vision, but able to be up. His pulse was very feeble, beating forty-eight per minute. The lady had vomited three times—first the food, then mucus and bile from the stomach. She complained of the same general symptoms, only in an exaggerated degree; marked inability to control the movements of the lower extremities. She could move them or prevent their movements, but was unable to place her foot on the base of the stove until after several attempts, and then the foot would immediately slide from its position to the floor. Her pulse forty-eight, and sensation of great prostration present. At this time, some two hours after the meal, the whole company, with the exception of a little girl ten years old who had eaten very sparingly, had experienced the same premonitory symptoms in the throat, fauces, and stomach, together with tingling in the skin. I examined their pulses, and found them all varying from seventy-two to eighty-four, except the two who had been stomach-sick. Some four hours after

the meal, one of the gentlemen complained bitterly of his feeling of prostration associated with pain in the bowels. His pulse now had receded from eighty-four to forty-eight, and finally went as low as forty. On attempting to move, he fell on the floor in a state of syncope, but recovering consciousness vomited freely and felt relieved. He vomited several times, and soon fell asleep, waking next morning with only a remembrance of the evening's dissipation. Another gentleman was attacked in the same manner, and, falling, struck the base of the stove, cracking the plate and inflicting a wound of the scalp. Some escaped without vomiting, but experienced great prostration, slow pulse, and pain in bowels. There was no diarrhœa. The taste of the honey was unaffected, but I noticed it left a stinging, burning sensation in the fauces and œsophagus, although I partook very sparingly. I find, on inquiry, that honey is reported as frequently poisoned by the bees extracting their supplies from the Nermer Oleander, the Azalea Pentics, Daphne Mezereum, Aconitum, and Kalmia Latifolia. The description of poisoning from the last, the Kalmia Latifolia, or Mountain Laurel, coincides perfectly with the symptoms presented by my patients; and, as that is present in large quantities in this locality, I think the honey was undoubtedly poisoned by the bees frequenting this plant when in blossom. I find, also, upon inquiry, that Dr. B. S. Barton has recorded an instance in which the honey eaten proved poisonous, with the same symptoms as I have enumerated, and which he attributed to the same cause. It is, however, very surprising that so small a quantity should seriously threaten life. The largest quantity eaten was not over two tablespoonfuls. Some had eaten only one tablespoonful, and yet suffered severely. The general symptoms complained of were as follows: Dryness of throat, with burning sensation extending to the stomach; tingling of the skin (described as being produced by hot needles); headache, dizziness, dimness of vision, coldness of extremities, sickness of stomach, followed by vomiting; slowness of pulse, forty-eight per minute; respiration regular, pupils natural, inability to walk without reeling, numbness of the extremities, urine scanty, high-coloured, and scalding. One experienced a stuffed sensation in the nose, similar to cold in the head; another described his symptoms as very similar to intoxication from alcohol; all, however, made good recoveries, and good resolutions never again to indulge in honey.

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Piece of Glass Imbedded in the Conjunctiva for Thirteen Years. By E. E. Riopel, of Cleveland, Ohio.

Mrs. A. C., æt. 54, had a piece of glass, about one line in diameter either way, and as thick as paper, imbedded in the conjunctiva at the edge of the cornea, that had been there for thirteen years. It was found to be encysted, the outward appearance being a fleshy-looking tumour. I removed it by dissecting the tumour, and in a week after, the eye was perfectly well, and could be turned in every direction, which was not the case during the presence of the foreign body. The singular feature about this is that the edges of the glass, which were sharp, were not a source of constant irritation.

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Case of Self-Inflicted Castration. By T. M. Hammond, M.D., of Owatonna, Minnesota.

The following rather peculiar case, occurring in my practice, seems to me worthy of publication:—

May 3, I was called hurriedly to go about four miles in the country to a young man said to be bleeding dangerously from self-inflicted injury. I found a well built, ordinarily intelligent boy, aged 19, lying upon a bed, upstairs and alone, while a pool of blood in which he lay was being augmented by a continuous flow from wounds of the scrotum, and contents. Having ligated the right spermatic artery, I learned this story: About eight months ago, he rode a "sharp-backed" horse, at a rapid pace, several miles. Soon afterward he experienced an uneasy sensation, scarcely amounting to pain, in the perineum, and, a little later, a slight but constant discharge of a colourless and viscid fluid began from the penis. A physician was consulted, where he was

then residing, in Wisconsin; he prescribed for the trouble, but gave no definite opinion of its nature. Receiving no benefit, he consulted various unprofessionals, quacks, and publications, getting from them the idea that his condition required no less a remedy than castration. This, after weeks of consideration, he proceeded to perform, with his own hands and way. After providing himself with a strong cord, made of black threads twisted together, and a razor, he repaired to a barn and operated in about this manner: First, he made an incision little more than an inch long through the left scrotum; then squeezed the testicle through the opening and wound the cord several times around the upper portion of it, and tied it firmly with a surgeon's knot; and finally completed the work in that one by cutting through it, and leaving a small portion in the meshes of the string; next, he tried to force the second testicle through the same opening, and finding the septum in the way, cut through that; still finding it difficult to protrude the testicle, he incised the right scrotum, and forced it through this third opening: lastly, without stopping to apply the second ligature, he cut through the spermatic cord with the razor. Alarmed by the hemorrhage which he was unable to control, he summoned his uncle and requested him to procure aid; then walked a short distance into the house and upstairs, where I found him, weakened by the loss of blood, and considerably concerned about my ability to stop further flow.

Such measures as were deemed advisable were resorted to, and the patient intends starting for home—about a day's ride by railroad—to-morrow, May 15.

No noticeable signs of insanity, previous to or since the occurrence, have been recognized. The discharge from the penis still continues, though slightly diminished, he thinks. No pain, swelling, or other unpleasant symptoms have arisen.

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Case of a Man who fell 258 feet and not killed. By Eugene Pendleton, M.D., of Bolersville, Virginia.—I was called, January 15, to a coloured man, who, in company with two others, fell 258 feet in consequence of the rope to the bucket breaking, as they were descending into the "Copper Mine," near "Bolersville, Ches. and Ohio R. R." Two of the men were killed instantly. When I saw the survivor, he was entirely unconscious from concussion of the brain. I found four ribs broken, fracture of the radius, and dislocation of the humerus, downwards and backwards. About twenty-four hours afterwards, all symptoms of concussion passed off, but a severe attack of pneumonia followed, which I feared would terminate fatally, but a good constitution and unabated attention brought him through safely, and to-day he is as well as ever.

There is no mistake about the distance this man fell, as I saw it accurately measured.

DOMESTIC INTELLIGENCE.

Death from Chloroform.—Dr. J. Buist, of Nashville, Tennessee, reports (*Nashville Journ. of Med. and Surgery*, June, 1875) the case of a lad, aged 11 years, to whom chloroform was administered for the reduction of paraphimosis. Two teaspoonfuls of chloroform were administered on a napkin and the napkin was twice replenished with about the same quantity each time, in the course of three or four minutes. "Being then apparently under the influence of the chloroform, although breathing lightly, I gave the cloth to his father to hold. On making an effort to relieve the parts, the patient immediately raised himself up in the bed, and was nearly awake. I had then to begin over again, and poured out two more teaspoonfuls, and gave it as before. He now came under it very soon, and I handed the towel to his mother, who held it about two inches from his face.

"Keeping my eye upon the patient's face, I effected reduction in a few seconds, with my hands, while a negro man held the legs behind me. As soon as I found the glans slipping back, I directed the chloroform removed; and at this instant observed that his respiration was suspended and that the pulse had ceased beating.

"I at once drew up the tongue, compressed the chest-walls, and then drew the body up, with the head down, after Nélaton's method. His respiration returned, but was gasping and irregular, and only continued about six or eight repetitions."

Further efforts at resuscitation were unavailing. The amount of chloroform taken from the phial was about one ounce. The time from the first administration of the chloroform to the end of the operation, was about six or eight minutes; but from the second application of the chloroform to its completion was under one minute. His breathing was not in the slightest degree embarrassed — never deep nor heavy, nor was his sleep profound. Death seemed to occur at the instant of relieving the constriction.

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Pennsylvania State Medical Society.—This Society held its twenty-sixth annual meeting in Pottsville, on the 9th and 10th of June. The President, Dr. Washington L. Atlee, delivered the annual address. The delegates were welcomed by Dr. A. S. Halberstadt on behalf of the committee of arrangements. Reports were presented from several county societies, and the address on Medicine was delivered by Dr. William Pepper, and on Surgery by Dr. R. J. Levis. Several papers and reports were read, among which was one by Dr. Curwen, on mental disorders. The following officers were elected for the ensuing year: President, Dr. Crawford Irwin, of Blair County. Vice Presidents, Drs. Andrew Nebinger, of Philadelphia; A. H. Halberstadt, of Schuylkill County; R. L. Sibbeth, of Cumberland County; and J. I. Ross, of Clarion County. Cor. Secretary, Dr. T. M. Drysdale, of Philadelphia. Perm. Secretary, Dr. W. B. Atkinson, of Philadelphia. Rec. Secretary, Dr. James Tyson, of Philadelphia. Treasurer, Dr. B. Lee, of Philadelphia. The Society adjourned to meet next year in Philadelphia, on the last Wednesday in May.

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American Neurological Association.—This recently organized association held its first meeting in the city of New York, on the 2d of June last, when a constitution was adopted, and the following officers elected: *President*, Dr. S. Weir Mitchell, of Philadelphia; *Vice Presidents*, J. S. Jewell, of Chicago, E. H. Clarke, of Boston; *Cor. Secretary*, J. J. Mason, of New York; *Curator*, J. W. S. Arnold, of New York; *Rec. Sec. and Treas.*, E. C. Seguin, of New York.

The association continued its session for three days, during which a number of interesting papers were read, and the association adjourned to meet next year in New York, on the first Wednesday in June.

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New Jersey Medical Society.—This venerable Society held its 109th annual meeting at Atlantic City on the 26th and 27th of May. The following officers were elected: President, Dr. William O. Gorman, of Newark; Vice-Presidents, John V. Schenck, of Camden; H. R. Baldwin, of Middlesex; John S. Cook, of Warren; Recording Secretary, William Pearson, of Orange; Corresponding Secretary, Wm. Elmer, of Trenton; Treasurer, W. W. L. Phillips, of Trenton; Standing Committee, Dr. S. Wickers, S. Thornton, and Thomas Ryerson.

After transacting some interesting business, the Society adjourned to meet at Cape May next year.

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Illinois State Medical Society.—At the twenty-fifth annual session of this Society, held at Jacksonville, the following officers were elected to serve for the ensuing year; President, T. D. Washburn, M.D.; Vice-Presidents, J. L. White, M.D., John Wright, M.D.; Treasurer, John Hollister, M.D.; Secretary, T. D. Fitch, M.D.

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Medical Association of the State of Missouri.—The ninth annual meeting was held in Jefferson City, April 20th and 21st. The following officers were elected for the ensuing year: President, Dr. J. T. Hodgen, of St. Louis. Vice Presidents, Drs. F. M. Johnson, of Platte City; J. M. Allen, of Liberty; J. S. B. Alleyne, of St. Louis; J. T. Wilson, of Weston; and S. B. Winston, of Jefferson City. The

next meeting will be held in St. Louis, in April, 1876.

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California State Medical Society.—The ninth annual meeting was held in Sacramento, April 21st and 22d. The following officers were elected: President, A. B. Nixon, M.D., of Sacramento. Vice Presidents, W. F. Cheney, M.D., of Chico; H. H. Toland, M.D., of San Francisco; W. R. Cluness, M.D., of Sacramento; H. S. Orne, M.D., of Los Angelos. Secretary, G. G. Tyrrell, M.D., of Sacramento. Treasurer, J. E. Oakman, M.D., of Sacramento.

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Indiana State Medical Society.—This Society held its annual session at the State capitol on May 18th and 19th. The following officers were elected for the ensuing year: President, J. H. Helm, M.D., of Peru; Vice-President, F. W. Beard, M.D., of Vincennes; Secretary, G. V. Woollen, M.D., of Indianapolis; and Treasurer, J. H. Woodham, M.D., of Indianapolis.

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Kentucky State Medical Society.—The twentieth annual session of this society was held in Henderson, April 13th and 14th. The following officers were elected to serve the ensuing year: President, Dr. J. A. Hodge, of Henderson. Vice Presidents, Drs. T Anderson and O. Newland. Secretary, Dr. J. A. Larabee. Treasurer, J. W. Singleton. The next meeting will be held in Hopkinsville.

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Medical and Chirurgical Society of Maryland.—The seventy-seventh annual meeting of this association was held in Baltimore, April 13th, 14th, 15th, and 16th. The following officers were elected: President, Dr. Christopher Johnson. Vice Presidents, Dr. A. B. Arnold and J. Carey Thomas. Secretaries, Drs. W. G. Register and G. L. Taneyhill. Treasurer, Dr. Judson Gilmore.

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Medical Legislation in Pennsylvania.—The legislature of Pennsylvania at its last session enacted a law to regulate the practice of medicine in the State, and our esteemed cotemporary the *Medical Record*, in the No. for May 29, expresses a desire to know "what our medical brethren of Pennsylvania have gained by this law."

When our cotemporary will inform us what protection lambs ever received from wolves, we will be enabled to gratify his desire for information.

Lambs, guided by *instinct*, fly from the wolves, but medical men are supposed to be influenced by a higher faculty—*reason*. This prompts some of the well meaning but inexperienced among them to seek assistance from our political legislatures, and they obtain such protection as the poor frogs in the fable obtained when they prayed to Jupiter for a king to govern them—they got King Stork.

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Monument to Horace Wells.—We are pleased to learn that a monument is to be erected in the city of Hartford to Dr. Wells, who was the first to resort to nitrous oxide to produce anæsthesia for the relief of the pain of surgical operations. Unfortunate circumstances prevented his reaping the fruits of his discovery; but to him is undoubtedly due the merit of first pointing out the great boon to humanity in the relief of suffering, by anæsthesia. From nitrous oxide to sulphuric ether the transition was easy; and when Prof. Jackson, on being applied to by Morton for some ready method of procuring the former, replied that sulphuric ether would answer the same purpose, he merely stated what was pretty generally known. We well remember, that, upwards of fifty years ago, when the effects of inhaling nitrous oxide were exhibited by different lecturers throughout the country, boys were in the habit of going to a lot in Philadelphia with bladders and sulphuric acid, and inhaling the vapour of the latter to obtain the exhilarating effects of the so-called "laughing gas." This was continued until alarming reports were circulated of extremely injurious effects having resulted from the practice.

A colossal statue in bronze of Dr. Wells has been executed, but funds are needed for a pedestal with suitable ornamentations. Subscriptions for this purpose may be forwarded to Dr. G. W. Russel, Treasurer, Hartford, Conn.

Hyperidrosis—Dr. L. D. Buckley, of New York, reports (*American Practitioner*, May, 1875) two cases of hyperidrosis of the feet, one a male aged sixty, the other a girl of sixteen. In the latter the affection was quite promptly checked by the diachylon ointment of the Germans, spread on linen and worn day and night, changing it twice daily. Two weeks served to remove all the tenderness and arrest the excessive secretion. The case occurred recently, and permanent results cannot be recorded, but the treatment has been well reported of by others.

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Central New York Journal of Medicicine and Surgery.—This is the title of a new periodical, which it is announced is to be published at Syracuse, New York, under the editorship of Dr. E. B. Stevens, for several years the editor of the *Cincinnati Lancet and Observer.*

FOREIGN INTELLIGENCE.

Reported Case of Death from the Inhalation of Ether.—Some excitement has lately been produced in Great Britain by the reported death from the inhalation of ether of a delicate lad in the Infirmary of the Workhouse at Manchester. We are now enabled to state on the highest authority—that of Dr. B. W. Richardson—that death in that case was not due to the inhalation of pure anhydrous ether. In a communication to the *Lancet* (May 22), he states: "The ethereal fluid employed on the occasion named was the compound fluid which I introduced, some years ago, solely for local anæsthesia. It is a mixture of amyl hydride and anhydrous ether, the two fluids being blended until the specific gravity is .650. This exceedingly light fluid has advantages over the simple anhydrous ether for local application as spray; it acts for this purpose almost instantaneously in rendering the part insensible by cold, and it causes less irritation of exposed parts; but it was never intended for general anæsthesia, and it has always, I believe, been sent forth by the manufacturers, Messrs. Robbins, distinctly labelled and described as for *local* use.

"From the *post-mortem* appearances in the patient who died at Manchester it is perfectly clear that the death was not produced by pure anhydrous ether, for not one of the special evidences of that agent was present. The evidence is all but conclusive that the death occurred purely from syncope. The patient was much perturbed mentally, and the mode of death was not by asphyxia, as is common from ether, but by failure of the heart.

"At the same time, the lighter bodies of the amyl series are not commendable as general anæsthetics. They are rapidly acting anæsthetics, but their extreme insolubility and low boiling points render them dangerous in action. It is further worthy of note that, when they kill, they kill from the heart. This is true of amylene, of amyl hydride, and of amyl chloride."

The danger of inhaling this mixture of amyl hydride and sulphuric ether is further shown by Mr. Arthur Bracey, of Birmingham, who states (*Brit. Med. Journ.*, May 29) that this mixture was given, *by mistake* for anhydrous ether, at the Birmingham Eye Hospital about two years ago, to a boy, when the most alarming results followed, indeed death seemed imminent. Mr. B. further states that "although sulphuric ether is largely used as an anæsthetic in this hospital, I do not know that a parallel case has occurred."

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Hemiopia with Hemiplegia.—Hemiopia is not, Dr. Hughlings Jackson thinks, so rare a nervous symptom as is commonly supposed. This and the following remarks only apply to cases seen in physicians' practice, and therefore to hemiopia associated with other nervous symptoms. It occurs most often with hemiplegia. Dr. Hughlings Jackson has seen eleven cases of this kind. Significantly the association is such that the patient cannot see to his paralyzed side. To this rule Dr. Hughlings Jackson has seen no exception. He has now two patients in the London Hospital who are hemiplegic on the left, and who have lost sight entirely in their left "fields." They have been carefully examined by Mr. Couper.

The hemiopic patient in the street runs

up against people; when going out of a room he strikes his hand against the door-post; he pushes glasses off the dinner-table. Hemiopia is more especially incapacitating when it is right-sided (field), as we read and write from left to right It is discovered in some cases of partial aphasia, but is easily overlooked. In such cases the patient's writing, or rather attempts at writing, are a series of lines begun from the left and ending on the right, after a few syllables or syllable-like scrawls. Hemiopia was discovered in one of the two hemiopic patients in the hospital because he read words of the test-types on the right side of the page only. At that time it was difficult to investigate his case on account of a mental defect which Dr. Hughlings Jackson calls "imperception." It was very difficult to explain to him that he could read from the left side of the page by holding his book in a properly adapted position.

Such cases, Dr. Hughlings Jackson thinks, disprove the recent assertions as to the total decussation of the optic nerves in man.—*Lancet*, May 22, 1875.

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Ether and Chloroform.—Prof. Schiff made a verbal communication to the Medico-Physical Society at Florence, at their meeting on March 1st, in which he related the results of upwards of five thousand experiments on the differences between anæsthesia produced by chloroform and that produced by ether. With both ether and chloroform, paralysis of conscious sensation; paralysis of the movement of voluntary muscles; paralysis of respiration, circulation, and, finally, paralysis of the heart and the vaso-motor nerves occur. Respiratory paralysis is produced by ether when circulation and blood-pressure remain within the limits compatible with life. Sometimes the vascular pressure increases, sometimes it decreases, but it is always sufficiently high to allow the exchange of the carbonic acid gas with the oxygen of the atmosphere. Vascular succeeds respiratory paralysis when ether is administered. The reverse takes place with chloroform. Frequently an amount of this anæsthetic agent which would not be sufficient to produce respiratory, may suffice to bring on vascular paralysis. Under these conditions, and when vascular paralysis lasts under thirty seconds, artificial respiration is useless, because there is no longer any exchange of gases, the blood-pressure being diminished. The cessation of respiration, therefore, is not the most dangerous moment to animal life, when etherization is employed, whilst it may be so with chloroformization; because sometimes it is possible to produce some automatic respiratory movements, but, nevertheless, respiration ceases immediately, and the animal dies. With etherization, on the contrary, when some automatic inspirations are obtained, it may be taken as certain that respiration will continue, and that the animal will live. Professor Schiff affirms that, in the present state of science, there are no means which will show us how to recognize, so as to prevent them, the tendencies which may cause death in some animals, after the first inhalations of chloroform, before having produced true anæsthesia. The reverse occurs with ether; so that it may be said that in the present state of knowledge the surgeon is responsible for the death of the individual by etherization; whilst he is not responsible when death occurs during chloroformization. Professor Schiff, therefore, deduces from these facts the following conclusions: 1. The phenomena relating to the paralysis of sensibility and movement are common to both ether and chloroform. 2. The two other orders of phenomena, that is to say, those relating to vascular and respiratory paralysis, often show themselves in inverse order with reference to these two agents. 3. With chloroform, however, either the one or the other of these two paralyses may first show itself, involving great danger to the animal if the vascular phenomena be the first to make their appearance. Therefore, the use of chloroform should be rejected, and ether only be used.—*Brit. Med. Journal*, May 22, 1875.

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Transplantation of the Conjunctiva of the Rabbit into the Conjunctival Sac of Man.—Dr. Otto Becker, of Heidelberg, gives (*Annales d'Oculistique*) a series of cases

in which he obtained good results from this operation, practised first, we believe, by Dr. J. R. Wolfe, of Glasgow (see *Glasgow Med. Journ.*, February, 1873, and *Amer. Journ. Med. Science*, April, 1873, p. 554). The following are the principal points in one of the cases recorded: J. K., a lad of seventeen years of age, received an injury from the entrance of some melted zinc into the eye. The result was an adhesion of the lid to the globe of the eye in its external half. Dr. Becker, having tried other plans of treatment in analogous cases without success, resolved to borrow the new conjunctiva from the rabbit. He accordingly dissected back the lid from the eye, and implanted on the wound a large flap of conjunctiva just removed from a rabbit. Adhesions immediately took place, vessels made their appearance in the new tissue on the third day, and the ultimate result of the operation was exceedingly satisfactory, the movement of the eye becoming perfectly free.—*The Practitioner*, May, 1875.

—

Treatment of Poisoning by Phosphorus by Means of Intravenous Injections of Oxygen.—Prof. Thiernesse, Director of the State School of Veterinary Medicine, and Dr. Casse state (*L'Union Medicale*, May 25, 1875) that it results from twenty-two experiments made by them, that oxygen and not turpentine is the antidote to phosphorus, and that if this gas is injected in large quantities into the veins of an animal poisoned by phosphorus a short time after the absorption of the poison, the oxygen gas combines with the phosphorus and counteracts its permanent effects. Dr. Deneefe, in his report on this statement, says: "The remarkable experiments made by Messrs. Thiernesse and Casse not only settle completely the controverted question of the antidote to phosphorus, but demonstrate the harmlessness of injections of gases into the veins." [!]

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Bacteria.—Dr. Lionel Beale describes the appearance of a bacterium under a fiftieth of an inch object-glass, and states that it consists of bioplasm, with a layer of formed material on the surface. Some are so small as to be visible only with the above extremely high power. Their germs are minute specks difficult to identify. He has satisfied himself that on watching particular spots in fluids in which they are rapidly developing, new ones may be seen to come into existence; such germs are found everywhere, and they resist dryness, the freezing point, and a temperature which is destructive of every other organism. All living matter, he maintains, is absolutely structureless. He describes in full detail the different kinds of vital movement.—*The Practitioner*, May, 1875.

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Discoverer of Chloroform.—This matter seems to have been fully settled by the recent researches of Sir R. Christison. It is generally stated as a matter of fact, that chloroform in a state of combination had been used as an anæsthetic by Mr. Jacob Bell some time before Simpson tried it in his experiments of November 4, 1847. But we are not told any of the details of the use of it by Mr. Jacob Bell, nor how he came to use it, or when or where; nor how (having used it) he ceased to prosecute the discovery, and left the laurels to be gathered, as they justly were, by Simpson.

This missing link has been supplied by the researches of Sir R. Christison. It is now incontestable that the first discoverer, and the first person that administered chloroform anæsthetically (in its combination as chloric ether), was Michael Cudmore Furnell, now Surgeon-Major Madras Army, and Superintendent of the Medical College and Hospital; that the first surgeons in whose practice it was tried were Sir W. Lawrence and Mr. Holmes Coote; and that the time was in the summer of 1847—some months before Simpson's experiments. The evidence of the truth of this statement is furnished in the No. of the *Med. Times and Gazette* for May 29, 1875.

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Law and Medicine.—We extract the following just remarks from an editorial in the *Lancet* (May 22, 1875):—

"Law, in its way, is as intolerant of medical science as ever the Holy Inqui-

sition was of astronomy. It has long been felt, that, where the question of mental capacity is tried in our courts, the decision might, as Dr. Maudsley has said, as well be determined by the tossing up of a shilling. And its practice on questions of obstetric science would be ridiculous if it were not revolting. Lawyers evoke theories of medicine from their own inner consciousness. The testimony of medical experts is too often smothered under legal forms and fictions. The modes of taking what is called skilled evidence offer in practice the most absurd illustrations of 'how not to do it.' There is no direct honest appeal to science. The courts take just what evidence the ignorance, the interests, the means of the contending parties, or accident may present. They oppose one set of witnesses to another, swear them to tell the whole truth and nothing but the truth; and then exercise the subtlety which long practice has developed in the endeavour to make the witnesses say only that part of the truth which is wanted to fit one side of the case, to suppress what tells against it, and to represent the witness who says more of the truth than suits the purpose, or which goes beyond the intelligence of the legal mind, as ignorant or dishonest. Human ingenuity could hardly devise a machinery better adapted to exclude scientific truth than that by which English law is worked. And a great misfortune is that we ourselves supply the means of keeping this machinery going. A charge of malapraxis is seldom laid but medical men are found ready to give the most unhesitating opinions in support. Indeed, such cases could hardly find their way into court unless they were so supported. The use to which the lawyers too often put the medical witness is to make him turn the spit to the roasting of his brother. We wonder if it ever occurred to the lawyers who make and administer our laws to provide pains and penalties for malapraxis of counsel. Yet no one can doubt that unfortunate men have been blasted in reputation, thrown into prison, even hanged, through the incompetence of their advocates. Whilst dangling the sword of what they call justice over everybody else, and especially threatening the practitioners of medicine, they cover themselves with the odious shield of privilege."

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Experiments on Animals.—Two bills have been laid before the British Parliament to regulate vivisection. When, however, it was announced by the government that a royal commission to inquire into the facts relating to experiments on animals would be appointed, these bills were withdrawn.

—

Ziemssen's Cyclopædia of Medicine.—Attention has been called (*The Medical Record*, June 12th) to an error on page 290 of vol. iii., second text line from the bottom of this work, where the word "ounces" is printed instead of *drachms*, an error which might lead to serious consequences.

—

A new Ophthalmic Operation.—At St. George's Hospital, on the 16th April, Mr. Brudenell Carter performed an operation which he stated had only quite recently suggested itself to him. It is applicable in such cases as require an iridectomy for optical purposes only.

Mr. Carter commences the operation by penetrating the anterior chamber of the aqueous with a bent, broad needle, inserted just posterior to the corneo-sclerotic junction, on the same side of the cornea as it is desired to make the artificial pupil. Through the puncture thus made the closed flat blades of Wecker's scissors are introduced, and passed anterior to the iris until their points are beyond its pupillary margin. Up to this stage but little of the aqueous having escaped, a moderate flow occurs when the scissors-blades are separated; this causes the iris to pucker itself between the blades, which should be held back a little from the cornea, so that a plait of iris is severed when they close. When the scissors have been withdrawn, an ordinary pair of iris-forceps readily remove the detached fragment of iris, which is brought into their grasp by the flow of aqueous, very similarly as the stone so frequently is in lithotomy.

One week after the performance of this operation, in the first case in which Mr.

Carter practised it, we found the eye perfectly free from inflammation, with a V-shaped pupil, having its broader extremity opposite the more central part of the cornea.

Mr. Carter insists upon the necessity of entering the anterior chamber well back, so that the scissors-blades may lie directly upon the iris. He proposes to use Calabar-bean in his next case, with a view to steady the iris, as in one of the three cases upon which he has effected this operation he derived assistance from the presence of an anterior synechia.—*Lancet*, April 24, 1875.

[We fail to discover the advantages of this over the ordinary operation.]

—

The Relations of Micrococci to Erysipelas.—According to Dr. W. Lukomski, the microscopical examination of the skin of an erysipelatous region showed that where the process was beginning or extending the lymphatics were always filled with numerous micrococci, but where it was stationary or retrograding these organisms were absent. In one case, in which the erysipelas was extending downwards, the upper edge of the wound contained no micrococci, while there were abundance of them in its lower edge. Lukomski endeavoured to produce erysipelas experimentally in animals, either by the injection of fluids containing bacteria under their skins or by bringing putrid matter containing bacteria in simple contact with a healthy wound. In the first case, in which the fluids though containing bacteria were not putrid, rapidly spreading phlegmonous inflammation was set up in the subcutaneous tissues and in the cutis itself, and it was found that the micrococci rapidly multiplied and diffused themselves into the neighbouring lymphatics. Where infection took place through an open wound, inflammation followed, which exactly resembled erysipelas in man. The lymphatics were invaded by the micrococci just as in the other experiments, and they were always found most numerous at the edge of the inflamed skin where the process was still extending. The direction in which erysipelas spreads seems to be determined partly by the course of the connective-tissue fibres, partly by the lymphatic vessels, and partly by the influence of gravity, by which the infecting substance tends towards the lowest point. Dr. Lukomski has been led by his experiments to form a decided opinion in favour of a connection between erysipelas in the skin and the immigration of low organisms into it, and he believes that the extension of the inflammation depends on their previous development in the tissues, since the micrococci can be detected outside the inflamed parts. He has been unable to determine whether they are carried from the surface by their own movements, or by means of wandering cells, or in some other way into the lymphatic vessels, nor can he explain their disappearance as the inflammation subsides.—*Med. Times and Gazette*, June 12th, from *Virchow's Archiv.*

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Monument to John Baptist Morgagni.—On the 27th of May last a statue to this celebrated anatomist and pathologist was unveiled in his native town of Forli, with very imposing ceremonies. The statue is the chef-d'œuvre of Salvini.

—

Honours. — The Prussian civil order *pour le mérite* has been conferred by royal decree upon Prof. Stokes, of Dublin, whose lectures on Fever are now in the course of publication in the Library Department of this journal. Two other recipients of the distinction on the same occasion were Professor Schawnn, the physiologist, of Liège, and Mr Bancroft, our American historian.

—

Obituary Record.—Died, on the 25th of April, 1875, of pneumonia, aged 80, Jean Baptiste Rozier Coze, formerly professor of Materia Medica and Pharmacy and dean of the faculty of Medicine of the Medical School at Strasburg. He was the founder of clinical teaching in the school, and to him is due the credit of establishing instruction for military physicians.

—— At Leeds, in May, 1875, in the 79th year of his age, William Hey, F.R.S. Like his father and grandfather, he was for a great number of years a member of the surgical staff of the Leeds Infirmary.

CHAMBERS ON DIET AND REGIMEN—Now Ready.

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TABLE OF CONTENTS.

Part I. *General Dietetics.* Chap. I. Theories of Dietetics. II. On the Choice of Food. III. On the Preparation of Food. IV. On Digestion and Nutrition.

Part II. *Special Dietetics of Health.* Chap. I. Regimen of Infancy and Motherhood. II. Regimen of Childhood and Youth. III. Commercial Life. IV. Literary and Professional Life. V. Noxious Trades. VI. Athletic Training. VII. Hints for Healthy Travellers. VIII. Effects of Climate. IX. Starvation, Poverty, and Fasting. X. The Decline of Life. XI. Alcohol.

Part. III. *Dietetics in Sickness.* Chap. I. Dietetics and Regimen in Acute Fevers. II. The Diet and Regimen of certain other Inflammatory States. III. The Diet and Regimen of Weak Digestion. IV. Gout and Rheumatism. V. Gravel, Stone, Albuminuria, and Diabetes. VI. Deficient Evacuation. VII. Nerve Disorders. VIII. Scrofula, Rickets, and Consumption. IX. Diseases of Heart and Arteries.

In compiling this small but comprehensive manual Dr Chambers has laid the profession under a debt of gratitude to him. He writes on the subject like one who has given his mind to it, and therefore is entitled to speak with authority. As a pioneer Dr. Chambers deserves much credit; he has opened up a new field of which others will no doubt avail themselves. Taken altogether this work is one which gives, in an agreeable form, much valuable information on a most important subject, and ought to have a large sale both in the profession and out of it. —*London Med. Record,* May 19, 1875

In thorough mastery of the subjects upon which he writes, and in the happy command of language to convey his meaning in the fewest possible words, he is certainly unexcelled and rarely equalled by any writer in the English language. It is altogether a work of rare excellence, and should, as it doubtless will, speedily find a place on the table of every physician. —*The N. Y. Sanitarian,* June, 1875.

Part I., on General Dietetics, and Part II., on Special Dietetics of Health, are particularly to be recommended to the intelligent reader who values his own health and that of his kin. They give so much sound information, frequently illustrated by familiar examples, and so much advice under the most varied circumstances, that perhaps nobody will lay it aside without discovering some plain truth frequently disregarded or good reasons for acknowledged facts. To sum up our opinion of this work, we must say that we regard it as one of the most valuable additions to our literature on sanitary science, adapted not only to the special knowledge of the physician, but to the comprehension of every intelligent reader.—*Am. Journ. of Pharmacy,* June, 1875.

PAVY ON FOOD—Just Issued.

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It is seldom, indeed, that we have the good fortune to read so admirable a book as this treatise of Dr. Pavy. A feeling of satisfaction is always felt in the reader's mind when the author writes clearly, instructively, and as master of his subject; and these three characteristics are found combined in the work before us—a work which is sure to become a standard authority on the subject of which it treats, and which we have great pleasure in recommending to the attentive study of our readers.—*Dublin Journ. of Med. Sci.,* Oct. 1874.

The author has treated the subject in a large and attractive manner. While it is scientific, it is essentially practical. It fills a void in the literature of medicine for which every intelligent physician will feel grateful. It is handsomely produced in all the details of printing, paper, composition, and binding. It is, in every sense of the word, a most valuable contribution to practical literature.—*Am. Journ. of Syphilography,* July, 1874.

We can very cordially commend the book to our readers.—*Brit. and For. Med.-Chir. Rev.,* Oct. 1874.

HENRY C. LEA, Philadelphia.

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VOL. XXXIII. AUGUST, 1875. No. 392.

CONTENTS.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Nævus 113

HOSPITAL NOTES AND GLEANINGS.

Case of Cæsarean Section 120

MEDICAL NEWS.

Original Articles—Accidental Opium Poisoning; Novel Stomach-pump employed; Recovery 122
Belladonna in Membranous Croup . . 123
Domestic Intelligence—Nitrite of Amyl in Sea-sickness 123
The International Congress of Ophthalmology 123
Physical Culture in Amherst College . . 124
Alumni Society of the Auxiliary Department of the University of Pennsylvania 124
Harvard Medical School 124
Medical Department, University of Virginia 124
Tennessee State Medical Society . . . 124
New Hampshire Medical Society . . . 124
Michigan State Medical Society . . . 125
Philadelphia School of Anatomy . . 125
Convictions for procuring Abortion . . 125
Obituary Record 125
Foreign Intelligence—Hæmatoxylum in Alkalinity of the Urine 125
Transfusion 125
Ovarian Cyst of Thirty-four Years' Duration; Tapping performed Twenty-four Times; Ovariotomy 126
Influence of the Bronchitic Secretion on the act of Death 126
Professor Dittell on introducing the whole Hand into the Rectum 126
Case of Bulimia 127
Necrometer 127
Eucalyptus Globulus 127
Obituary Record 127

STOKES ON FEVER . . . . . 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Nævus. By GEORGE BUCHANAN, M.D., Professor of Clinical Surgery in the University of Glasgow.

GENTLEMEN: I wish to call your attention to-day to a group of allied cases, some of which have been before us this winter, and which are very common in practice. I allude to a morbid or abnormal condition of the vessels connecting the terminal arteries and the commencement of the veins in different regions of the body. The simplest way to introduce the matter will be to get a little patient presenting a well-marked example of one of these affections, and from the mother ascertain the history of the case, and, from its appearance, obtain a general knowledge of the outward character of the disease. The example we are about to study is a case of *nævus maternus*, the nature of which we shall proceed to investigate. The little child you now see is fourteen months old. When it was born, there was no mark on its face. Four weeks after birth, there appeared a little red spot on the right side of the face above the eyelid. That spot gradually spread down over the cheek and towards the ear till it invaded the whole of the right side of the cheek below the ear. It has spread forward towards the nose and

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upper lip, and has extended from the lower lip down along the neck as far as the sternum. At the spot where it first commenced, it appears that some caustic substance was applied, which produced suppuration at the part, the result of which is obvious at present in a cicatrix more or less pale on the site of the original spot. At different points over the surface are various cicatrized marks, the result of the application of this caustic substance; but in none of the places where suppuration has occurred is the colour entirely destroyed. The skin at the parts which are discoloured is elevated and puffy, and upon pressure becomes paler; but no amount of pressure restores the natural colour to the integument. Such is a short account, as obtained from the mother, of the history of the spread of nævus, and of what can be seen by the naked eye upon the examination of such a case.

It is well worth while for us to take up a short time in ascertaining the nature of this affection, and the different modes that can be adopted for its remedy; because it is one of those surgical affections that are exceedingly common, and one which almost every surgeon in active practice may at the outset undertake and probably cure, while there are many other examples of disease which it is out of the range of the ordinary practitioner to deal with.

In order to explain to you the nature of this and allied cases, it may be necessary for me to recall to your minds for a few minutes the normal connection between the extremities of the arteries and the extremities of the veins. In the diagram you see before you, this is made intelligible by the different colours of the vessels. You see on one side one series of vessels coloured red, which indicates the ultimate branches of the minute arteries; on the other part of the diagram, you will see a series of vessels coloured blue, which indicates the radicles of the veins. Now, the termination of the minute arteries in the human body occurs in two ways: first, by direct connection with other arteries; and, secondly, by communication with veins by intervening capillaries.

In the ordinary normal circulation of the body, the arteries may be very minute; but they communicate with the veins, rarely directly, but usually by means of minute vessels of a different character from either the arteries or veins to which the term capillary is applied. The capillaries vary in size, transmitting the blood by a stream which will admit on an average, of from four to five blood-globules. But, in certain parts of the body, there is a peculiar arrangement between these two classes of vessels, which will serve very well for the illustration of such a case as we have got here. In the tissues called erectile, as, for instance, the corpus cavernosum and corpus spongiosum penis, the communication between the arteries and veins is peculiar. Instead of the ordinary nearly equal-sized capillary plexus, there is a special arrangement of the termination of the arteries and veins which is worthy of attention. The minute arteries which carry the blood into the corpus cavernosum and corpus spongiosum are spiral or twisted, and, instead of communicating directly with the capillaries, enter into minute vessels, on which there are pouches or dilatations, into which the blood passes as in a whirlpool, and from which pouches it escapes either by the aperture of entrance or by another aperture. They are like Florence flasks, into the mouth of which a minute spiral vessel enters, and through which the blood, having whirled, passes away; the principle of the circulation being that, in the passage of the blood from the arterial duct to the venous duct, instead of passing through the intricate network of capillaries, which in other parts of the body tend to equalize the current of the blood, in this peculiar pouched circulation the tendency rather is to confine and complicate the flow of blood, to make it whirl as in a whirlpool through the tissue and pass out. In ordinary circumstances, the arrangement of the mouths of these pouches is such as to permit of this circulation taking place without any great interruption; but, in peculiar circumstances of nervous excitement, something happens to accelerate the flow of blood through the arteries, and to retard the flow of blood to the

veins, and in consequence an increased quantity of blood is thrown into the erectile tissues in question, and an interruption of the passage out of the blood takes place, the result of which is, that the blood is to a certain extent stagnated in the erectile tissue, whirled into these pouches, and, being partially arrested there, the tissue in which these pouches are becomes turgid, its whole substance becomes temporarily gorged with blood, and produces the phenomena of erection.

I have introduced this description to you, because it to a certain extent enables us to understand the difference between the skin on the healthy side of the child's face and the skin or integument on the unhealthy part of it. Nævus, which is an example of one of the varieties of aneurism by anastomosis, exists principally in the integument, but it may occur in the subcutaneous tissue; hence we have cutaneous and subcutaneous nævi. In a large number of instances, these two kinds of nævus are combined in the same example, as in the case before us; but, when we have two distinct specimens, the one cutaneous, the other subcutaneous, the characteristics are a little different. Cutaneous nævus exists as a red patch—a red spot upon the skin—and, as it very often is found immediately after birth or at birth, it is popularly called mother's mark. In the form of a red spot upon the skin, it may have no tendency to spread; it may remain a permanent patch of the size it was when the child was born, or it may tend to spread over the surface of the skin, as we see in the example before us. Subcutaneous nævus exists as a tumour, swelling, or protrusion of the integument. It produces a bluish tinge of the surface, and is soft, puffy, elastic, capable of being compressed and reduced in size by the emptying of the vessels, but returning to its original size when the pressure is taken away. This subcutaneous nævus exists in the tissue between the skin and the adjacent structures; in other words, underneath the cutis in the adipose tissue; and it is soft, yielding, and elastic, and the tumour may rise to a considerable extent. Now, in the case before us, you have a very well-marked specimen of the two kinds: nævus maternus proper, or patch upon the skin, combined with the subcutaneous projection or tumour caused by disease of the vessels of the subcutaneous tissues.

Let us for a moment or two attend to the first kind: the nævus maternus, or mother's mark. Very little explanation is necessary for it. It is simply an exaggeration of the capillary circulation; hence it is called capillary nævus. When circumscribed, as it very often is, within the circumference of the patch, the size of the capillary vessels is increased, and the consequence is that, instead of being pale pink, it becomes red in colour, slightly turgid, from the increased quantity of blood-corpuscles. It may, therefore, be described as a condition of the skin in which the capillary circulation is enormously exaggerated, and consequently the part becomes more swollen. Most commonly, it is congenital; but sometimes, as in the case we have just seen, it begins a few weeks after birth, and, when it begins after birth, its tendency to spread is greater than when the child is born with it.

If, therefore, you are called to see a child born with a nævus of small size, and if you notice that within the next few weeks there is no tendency to enlarge, you are not to be in any great hurry to deal with that spot. But, if the spot enlarge rapidly after birth, or if it make its appearance some time after birth and begin to enlarge, then is the time to attack the nævus maternus, if you wish to do it in an effectual way. A minute spot of nævus maternus, which is a very important thing, especially in the case of females, when it attacks, as it usually does, the head or face, can very often be satisfactorily treated at an early stage. There are a great number of ways of treating it.

If it be very small, a very useful way is by vaccination; by putting the vaccine vesicle upon it. The vaccine vesicle runs its course, and results in a cicatrix, which involves the whole tissue of the nævus maternus. The effect is, that what was a red mark becomes a pale cicatrix. If it be not larger than a finger-nail, then, by

applying a number of points of vaccine lymph round the circumference, and perhaps one or two in the centre, you include a large portion of it in the vaccine disease, and it frequently has the effect of obliterating the spot. Then the vaccine vesicle equally protects the child from smallpox, as if it were applied in other parts of the body; consequently you are, so to speak, killing two dogs with one stone. You will often fail, however. Conversing with general practitioners who undertake the treatment of this condition in the child, you will find almost every one of them say that, though they succeed in one or two cases by the adoption of this method, there are a great number of failures. And, in my own experience, I have been called on frequently to deal with cases of nævus which have been unsuccessfully vaccinated at an early stage; but I only bring this forward in order to prevent you being discouraged when you are unsuccessful with this mode of treatment. In a considerable proportion of cases, vaccination will serve the purpose of curing the disease; in others, it must be treated in another mode.

Another way of treating nævus, when of small size, is by introducing red-hot needles. The needle of the galvanic cautery will coagulate the blood, produce inflammation, and cause the destruction of the tumour and the obliteration of the spot. The point of a needle dipped in nitric acid, or in a concentrated solution of perchloride of iron, sometimes has the effect, all of these aiming at the same thing: coagulation of the blood in the skin or nævus.

These are examples of methods of treatment of the simple form of nævus maternus; but, when it comes to be a case of the other kind, which is the case that is most frequently dealt with in hospital, such a method of treatment is altogether unsuitable. Subcutaneous nævus or nævoid tumour, to which I refer, consists of a dilatation of the vessels of the venous side of the tumour; hence it is often called venous nævus. To understand my observations, recollect that a tumour of the nature of aneurism by anastomosis is found of two varieties, according as the venous side of the circulation or the arterial side is affected. I am disappointed in being unable to show you a patient whose presence I expected, a good example of the arterial variety of the tumour; but I may state that, when a subcutaneous tumour results from dilatation or enlargement of the arterial side of the circulation, it is called cirsoid aneurism. In that case, the tumor is semi-solid, pulsating, and presents many of the characteristics of aneurism. It most naturally occurs somewhere on the forehead or on the scalp in the inosculation between the temporal and occipital arteries. In the instance referred to, the tumour consisted of dilated arteries which, under the finger, felt serpentine, being compressible and soft, evidently from being thin in their coats. They have somewhat the character of veins, except that they are pulsating; hence the tumour into which they enter, being full of tortuous dilated vessels like varicose veins, is called cirsoid.

I shall devote the rest of the time to the consideration of the nature of venous subcutaneous nævus. This exists in the form of tumour, elastic, compressible; and, when we take the fingers and compress it, we can diminish its size by the force which we apply to it. When a tumour of this kind can be removed from the body, it is found in its interior structure to have a close resemblance to the corpus cavernosum or corpus spongiosum penis. It consists of two tissues—a quantity of fibrous tissue, which forms, as it were, the envelope of the tumour and the bloodvessels contained in the interior.

On a section of the tumour being made (such as I now make of the one removed three weeks ago), it is found to consist of a number of threads of fibrous tissue dividing the interior into a large number of spaces, which are not separate exactly one from the other, but communicate with each other. Among these threads or trabeculæ there pass a number of vessels connected with the arteries which enter the tumour on one side and the veins which leave the tumour on the opposite; and the vascular tissue in the interior is not composed of capillaries, but capillaries which have become enormously di-

lated, and in which gradually the walls of the dilatations have come to be adherent; and one very often finds that perforations have occurred between one of these dilated capillaries and the other; so that, instead of the blood passing from a series of vessels, it passes through a series of blood-spaces, which have resulted from the destruction of the walls of these dilated capillaries. Hence any injury to such a tumour containing blood lying in these blood-spaces must be a dangerous thing, and greatly to be feared.

Now, this nævus may occur in almost any part of the body; but I need scarcely say that the parts where it most naturally occurs are the most vascular; those parts where the communications between the vessels are most frequent; namely, the scalp, brow, and face, and generally the front part of the body, but not exclusively, for I have seen nævi upon the back, upon the thigh, and upon the buttock, and almost upon any part of the body you could name; but the vast majority of nævi occur upon the face and head, and consequently in places where the deformity is very great indeed. The tendency of these nævi frequently is to spread and involve more of the adjoining tissue. In the example we have before us, the spot made its appearance at the side of the eye, and gradually has extended to the other side of the face and down upon the neck as far as the breast. Such cases frequently occur; but there are others that extend and grow outwards, and are more dangerous, though not having so great a circumference.

With regard to the treatment of subcutaneous nævus, various methods may be adopted. It is to be remembered that in them the circulation is sluggish, as you would naturally suppose from the description I have given you of the condition of the vessels; but, when the tumour is injured, dangerous hemorrhage may ensue, and hence various plans have been proposed and put in execution for their removal, most of which I shall mention. The first plan has for its object to coagulate the blood in the tumour, and in consequence produce contraction and obliteration. There are many modes by which the blood existing in the tumour may be coagulated, the result of which would be consolidation and contraction of the tumour, and gradual absorption of the condensed tissues produced. One of the most common modes is by inflammation produced in the tumour by the introduction of a seton. The needle is threaded with cotton thread. The thread may be dipped in some acrid substance, and the tumour may be transfixed in several places and the string left in the interior. As I mentioned to you, the circulation is not very active, and it is some encouragement to you that the hemorrhage in such an operation is rarely worthy of notice. The thread left in the tumour produces a certain amount of inflammation, and that inflammation coagulates round the thread; and, if two or three threads are passed through, there will be two or three lines of coagulation, and so it spreads till the whole tumour is consolidated. If you do not succeed in the first instance, another series of threads may be passed through, and, in the end, the tumour will be consolidated. That method only applies to tumours of a comparatively limited extent. Another plan of dealing with nævus is by the application of caustic substances, especially when it is a combination of the two kinds of the disease, and when the tumour is of comparatively small size, and is upon the edge of the lip, the tip of the nose, the brow, or the cheek. The application of strong nitric acid on a piece of wood held against the spot for a considerable time has the effect of producing an eschar or slough. That slough may separate with a certain amount of inflammation; that inflammation coagulates the blood and gradually obliterates the tumour as before. The third plan is to produce coagulation in the interior by the introduction of the galvanic cautery, or a red-hot iron, if you like—the actual cautery. But the galvanic cautery is best, because it gives you a continually red-hot needle. It produces coagulation in the neighbourhood of the needle; the coagulation extends till the tumour is consolidated and obliteration takes place. Another plan is to introduce, by means of a

very fine syringe and hollow needle, a drop or two of perchloride of iron. Perchloride of iron is, of all salts of which we are aware, the one which most rapidly coagulates the blood; hence, when we have hemorrhage from a wound in which we cannot get the bloodvessels tied, we take a small bit of perchloride of iron, or take a piece of lint and dip it in a solution of perchloride of iron, and it will coagulate the blood at once. A few drops of this fluid introduced in subcutaneous nævus will coagulate the blood, and produce consolidation and obliteration as before. Take care, however, that you never employ this form of treatment of nævus in the neighbourhood of a large vein, such as a nævus situated at the lower part of the neck, which is a rare thing, or a nævus near the circumference of the orbit, because a portion of the blood coagulated by the introduction of this fluid may become detached, and may form what is called embolus, or a floating clot, and may get into the circulation of the blood and float away nobody knows where; and may continue floating on until it produces a plug, which may interrupt the circulation of the vessels and produce serious consequences. I knew a case in which a few drops of perchloride of iron were introduced into a subcutaneous nævus on the eyelid of a young child. I was not present, but the description of the result was to me appalling. The child was brought alive, and looking well on its mother's knee. A drop of perchloride of iron was introduced, and in two minutes it was dead, just as if shot through the head with a pistol. A particle or portion of the coagulated blood had entered into the ophthalmic vein, and had gone back and got plugged in some part of the venous circulation at the base of the brain, or orbit. Congestion or stagnation of the blood had taken place, and the result was fatal. Such are the principal plans that may be adopted to produce consolidation.

When the tumour is too large, or when it has resisted all these plans—and you will frequently find examples where these plans are not capable of being performed, or where, having been tried, they have proved ineffectual—there are other two methods by which a tumour may be removed. There is, first, by ligature. Ligature is applicable to nævus when it is circumscribed; when you can, without difficulty, pass a needle under the base of the tumour. The needle is armed with a piece of string, then the string is passed beyond the edge of the tumour, brought underneath its base, and made to emerge beyond its base on the opposite side. The tumour is again transfixed at right angles to the former direction, and a double ligature is brought through underneath the tumour. We have thus two ligatures passing underneath the tumour in one direction, and two passing through in the opposite direction. Next, the ligatures are tied together, and then the whole is constricted and tied together by the free ends. Thus the whole of the base of the tumour is circumscribed, and strangulation takes place by the string passing round the base of the tumour. If the surgeon be not satisfied with the result of the strangulation, he can put another ligature round the base on the outside. If the skin be affected, the tumour is transfixed without any previous operation; but, if it be subcutaneous, and the skin comparatively unaffected, it may be saved by dissecting back four flaps, and the tumour may be transfixed as before. That, until very recent times, has been the general plan of treatment, and it is often effective; but it always involves a certain amount of doubt as to the surgeon having got to the bottom of the tumour, and it also involves a long and troublesome process of sloughing and separation; consequently, of late years, we have begun to adopt—and I have seen very few cases in which it cannot be adopted—the method of excision; and it seems to me that we are coming to use this method of dealing with vascular tumours a great deal more freely than formerly. When I was a student, I used to be much afraid of a great number of things we do now with the utmost confidence. When I was a student, nobody would have ventured to have put a ligature on a vein, for fear of the vein becoming inflamed. Nowadays, we never allow a patient to leave the

operating-table after amputation when any tendency to bleeding exists, without securing the veins, so that hemorrhage may be completely arrested. Nævus was for a long time treated by ligature or consolidation, in consequence of the fear entertained of adopting incision upon these tumours; but I need not do more than refer you to the case brought before you the other day, in which I performed an operation, which I told you at the time looked almost appalling, but which, in consequence of the arrangement of which I am going to speak, was performed with comparatively little difficulty and very little hemorrhage. These nævi, when circumscribed, are more or less incapsulated. This capsule consists of the very tissue which permeates throughout the interior. While there is no well-defined capsule in which it lies during the progress of its growth, the tissue gradually becomes so condensed, that it forms itself into a capsule; hence, if you adopt the plan suggested by John Bell, which is the principle that must guide us in dealing with these tumours—namely, never to cut into it, but to cut it out—you can deal with almost any tumour. Apply the knife in such a way as to cut the tissue exterior to the tumour, and by your incision take out the tumour entire. Do not spare it; do not leave a single bit of it; cut on the exterior of it, and lift it out with its capsule, as you saw this one, which was removed about a week ago from the child I am going to show you, and you will be perfectly certain that you have got beyond the tumour, with no danger of bleeding. You thus remove the whole of the tumour, and the only thing you have got to do is to deal with the vessels entering into it from the outside; and the number of vessels entering into one of these tumours is not so great as you would expect; consequently, when you saw the tumour removed the other day, we had only to deal with the mouth of the facial vein and that of the facial artery and one or two small ones that exist in any child's face. As in the operation by ligature, it is of vast importance, for the sake of the appearance of the child afterwards, to save the skin. For this purpose, you must make the incision upon the surface of the tumour in such a way as to enable you to dissect off any portion of the unaffected skin. If the surface of the skin be entirely healthy—I mean if the integument over the subcutaneous tumour be altogether healthy—you may apply your cuts in such a way as is most suitable to the situation; but, in the case I had to deal with, and the result of which I shall show you, a portion of the skin was affected as well as the subcutaneous tissue. You must have been surprised to see the irregularity of the incision made over the surface of the tumour to save the pieces of the sound skin. And, when the operation was completed and the parts readjusted, it was matter of surprise to myself how the pieces of skin dissected back served the purpose of covering the wound upon the child's face after the enormous excision was made. When you save as much of the unaffected skin as possible, leave it comparatively loose, and, after granulation of the surface, the skin will gradually flap back into its place and unite in a way that will be perfectly surprising.

(Child brought in.) This child had an enormous nævus, extending from the edge of the eyelid down to the angle of the mouth, and protruding to a great extent. In the centre of the tumour, there was a cutaneous nævus about the size of a crown; and, at the inside next the nose, there was another cutaneous nævus about the size of a shilling. An incision was made, as you saw, in such a way as to save the skin covering the eyelid, and another so as to save the lower half of it. These flaps were turned back, and the whole cheek was exposed. This tumour (on the table), with the inclosed nævi, now blanched by being preserved in spirit, was cut out of the cheek, leaving those small flaps on the face. This was done three weeks ago, and we now find that, although there is a considerable amount of œdema, there is sufficient skin left to cover the surface. Within three weeks of an operation, of course it is impossible to speak as to the ultimate result; but, in the mean time, the child has recovered from the effects of the

operation in a way that is very gratifying.

The whole front of the face between the eye and the mouth, which was exposed, is now healing up; cicatrization has taken place at a certain point, and is rapidly proceeding at others. In the mean time, it appears to you swollen. That depends upon the œdema upon the eyelid, near the nose, which will very much diminish. I believe that the child will recover, and that the tumour will altogether disappear, with an amount of disfigurement in the face exceptionally small.

The operation must have appeared to you a very painful proceeding, and it was one which I undertook with a very great deal of anxiety, in consequence of the great extent of the incision to be made, and the amount of tissue to be removed; yet I did it with very great confidence, in consequence of an operation which I performed two or three years ago. I expected to have had the child here, but I have been disappointed, its parents having left the city for Fife. That tumour was greatly larger than the one now before you, and it was much more troublesome, as it involved not only the skin and the subcutaneous tissues, but the mucous membrane of the mouth. It extended from the angle of the eye down to the nostril and into the mouth; in fact involving the whole of one side of the cheek, from the integument into the mucous membrane, and presenting a case almost intractable. The child was in great danger; otherwise it was a healthy child, and, on account of the disfigurement, it was impossible to deal with the case in any other way. I performed the operation accordingly, and removed the whole of the cheek by introducing the *écraseur* at the superior angle, and by putting pins through the cheek beyond the limits of the tumour on both sides, the whole cheek involving the affected tissue was removed by a sort of A-shaped section made by the *écraseur*, which I used instead of the knife, on account of the amount of hemorrhage which I feared would take place. When the operation was completed, the gap was something frightful to look at; but, with a little stretching, we succeeded in bringing the two sides together. The operation being performed by the *écraseur*, it produced a rough edge, rather than a clear incision. But, the patient being a growing child, in which the circulation is active, adhesion took place, and it was dismissed from the infirmary when the edges of the wound united, though I must say its appearance was far from attractive. Last year, I had occasion to perform an operation upon a man in one of the suburbs of Glasgow, and, after it was completed, a person in the house said, "Do you know that child?" (pointing to a child about four years of age). I said "No." I was then asked to look at it a little better. I did so, and said, "Some operation has been performed upon it; has it had a bad hare-lip?" The mother said, "No; that is the child from which you cut the tumour two years ago." From the growth of the child, the parts had become adapted to one another, and, every trace of the nævus being removed, the parts had accommodated themselves in such a way, that the deformity was almost entirely removed. There was little more mark upon the child's face than results from an extreme form of hare-lip. As this child you have just seen is only nine months old, if it recover, as it likely will, and be spared for two or three years, the probability is that, if you saw it again, you would find that the parts were nearly restored, and you would hardly be able to recognize it as the child on whom the fearful operation was performed.—*British Med. Journal*, June 26, 1875.

HOSPITAL NOTES AND GLEANINGS.

Case of Cæsarean Section.—Cases of Cæsarean section are rare, and the modern improvements by which delivery is facilitated without recourse to this last resort of the accoucheur have rendered the instances which call for the operation so few, that its performance is always an occasion of painful interest. In the following case no other proceeding was open. Although in some respects the case was favourable, and although the operation was performed with skill,

the mother died. The child, however, still survives; and there is, we believe, a good prospect that its life may be preserved.

Jane B., aged 38, married, was admitted into Queen Charlotte's Lying-in Hospital on April 26th. She had been under the observation of Dr. Sloman of Farnham, by whom she was sent into the hospital. She stated that she was a native of London, being born near Holborn; that she had been delicate from birth, always subject to chronic bronchial catarrh and gastric disturbance. During the last five years, she had lived in the country, during which time her health had much improved. She had intercourse on July 29th last, quickened a fortnight before Christmas, and married shortly after Christmas. She believed that she became pregnant in July. Gestation was normal, with the exception of slight increase of gastric disturbance, coupled with much sleeplessness. Her parents were healthy; two brothers and one sister were living, healthy and well formed. She was the last but three of eleven children; those younger than herself died at early ages. None of the family were deformed.

When admitted, she presented a worn attenuated appearance; her height was forty-two inches and a half; her head was large; the lower third of the spine was sharply curved forward; the mammæ were large; the chest was of fair size, but deformed; the spine was, as it were, driven in. Her arms were small; her hands large; her thighs straight; the legs were much curved anteriorly, being bent like the letter S. External measurement of the pelvis by callipers gave eight inches from one anterior superior spinous process of the ilium to the other, and from the sacrum to the pubes four inches and a half. A vaginal examination showed the conjugate diameter to be one inch and five-eighths. The pelvis was oblique, the left side being less developed than the right, with the right wing of the ilium much bent in. The depth of the pelvis was slight, but the cavity was roomy. The axis of the inlet was nearly at right angles with the perpendicular line of the patient's body. The breech was found by external palpation to be presenting. She was examined by Drs. Brodie, Hopé, and Greenhalgh. On account of the peculiar direction of the axis of the inlet, it was thought impossible to attempt craniotomy with any chance of success; Cæsarean section was, therefore, decided upon.

The operation was to have been performed on April 30th; but, labour having set in prematurely on the morning of the 29th, at eleven o'clock, the operation had to be hastened, and was performed at 5.50 P. M., on the latter day. The membranes ruptured at one o'clock. At 5 P. M., the os was two-thirds dilated; the breech could be felt high up; the pains were strong and frequent. There were no signs of the breech entering the brim. Pulse 130. Temperature normal. The vagina was cool and moist. The patient was placed under methylene by Dr. Gordon; and, in the presence of Sir William Fergusson, Mr. Spencer Wells, Drs. Brodie and Waters, and Professors Simpson, of Edinburgh, Helmholtz of Stockholm, Netzel of Christiania, and Stoltz of Nancy, Dr. Grigg made an incision beginning at two inches and a half above the umbilicus, and extending to within one inch and a half of the pubes. The various structures were carefully divided. On opening the peritoneal sac, about a pint of serous fluid escaped. The bladder reached to within an inch and a half of the umbilicus; and some care was required to avoid cutting it. The uterus was opened by an incision commencing about the middle of the body of the organ, and extending in a direct line downwards to within two inches of the external os. The fœtus, whose back was foremost, was rapidly and easily extracted, as was also the placenta, which was seated at the fundus and posteriorly, with only slight hemorrhage, the uterus contracting firmly. The bleeding was not much throughout. In dividing the cervix, a large vessel was cut through, which bled for the moment freely. A continuous silken suture was placed in the uterine wound, the end being passed down through the vagina; it was not tied at either end. This was a plan recom-

mended by Mr. Spencer Wells, and the suture was placed in by himself. The abdominal walls were brought together by interrupted silken sutures. The patient rallied, and did very well up to 2 P. M. on the following day, when she suddenly became hot and then cold; was delirious at 4.30; and died collapsed at 8.50 the same evening. She, however, kept nothing upon her stomach from the time of the operation. The child, a boy weighing over six pounds, is living.

At the *post-mortem* examination, the measurements of the pelvis were verified, and were found to correspond exactly with those made out during life. The upper third of the abdominal wound had healed; the uterine wound was patulous, and the thread suture had worked out of the upper half. There were very slight signs of peritonitis in the immediate neighbourhood of the wound. The cavity of the uterus and the uterine wound were bathed with some turbid fluid which escaped externally on dividing the abdominal sutures. The abdominal wound measured four inches, and the uterus the same. The apex of the incision was three inches from the apex of the fundus, and one inch and three-fourths from the external os.—*Brit. Med. Journ.*, May 8, 1875.

MEDICAL NEWS.

ORIGINAL ARTICLES.

Accidental Opium Poisoning; Novel Stomach-pump employed; Recovery. By P. O'Connell, M.D., Chicago, Illinois.

O. O'H., aged 59 years, having suffered much during two days from pain in the epigastric region of a colicky character, with nausea, was ordered a mixture of tincture of opium, dilute hydrocyanic acid, and mucilage. Each teaspoonful contained half a drachm of laudanum, and three and a half minims of prussic acid. Instead of getting a teaspoonful of this mixture he got *a tablespoonful* by mistake. Here were eight grains of opium in a fluid form, taken at once. Before the expiration of an hour "he was so sleepy that he could not talk to us or keep awake." In four and a half hours after taking this huge dose, the writer saw the patient. He was completely narcotized; perfectly insensible; with difficult and very noisy respiration. The upper and lower extremities were as relaxed and flaccid as if he were fully anæsthetized. The respirations numbered about ten per minute. The skin was dry and cool; pulse slow and full; pupils contracted almost to a pin's point; conjunctiva insensible to the touch; mouth open with dry and livid tongue; the face was cyanotic.

Every effort to rouse him proved unavailing. The only sign of sensation or voluntary motion manifested by him was his closing the teeth firmly upon any object placed between them. He made no attempt to swallow coffee placed in his mouth, and fearing it might find its way into the trachea, I desisted. No stomach pump was at hand, neither could one be procured. A No. 8 gum-elastic male catheter and a syringe for washing out the bladder were the only things available. With these I pumped a pint of very strong, warm coffee into his stomach. In half an hour the stertor ceased. Then another pint of coffee was administered in the same way, and I waited another half hour. At the end of that time respiration was comparatively easy. The respirations now numbered seventeen per minute. During the four days previous he had a cold; there was a loud rattle in the throat. On auscultating the chest, mucous râles were most distinctly audible. These, I judged, were caused by mucus sucked in from the pharynx and trachea during his laboured efforts at inspiration. To get rid of this dangerous accumulation of mucus in the smaller bronchi was now the problem. Sulphate of zinc offered the best prospect of success. Accordingly thirty grains, dissolved in a pint of tepid water, were forced into the stomach through the catheter, but failed to produce emesis. At the expiration of twenty minutes thirty grains more in a quart of tepid water were thrown in. Prompt and abundant vomiting followed, while from one and a half to two fluidounces of mucus, in distinct pledgets, came up leaving his respiration natural. The straining, in vomiting, partially roused the patient. Finally, a third pint of coffee was pumped in. In twenty minutes after getting his third

dose of coffee the man spoke. No further difficulty was experienced in keeping him awake, or in giving coffee without the medium of the catheter.

CHICAGO, July 1st, 1875.

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Belladonna in Membranous Croup. By S. F. GILBERT, M.D., of Northumberland Co., Pa.

Having used belladonna for some time, and in quite a number of cases with very gratifying results, and not having seen any recommendation of the remedy in this disease, it may be useful to put upon record a brief notice of some of my cases.

I first employed it hoping that it might prevent the further exudation of false membrane from its drying effect upon the mucous surface of the fauces and respiratory tract, and which has thus far been confirmed.

Case 1. J. S., æt. 18 months, was irritable and feverish on December 12th, with croupy cough and dyspnœa during night, which increased so that by the evening of 13th it was very severe, at which time I was called to see him. He was in great distress, his breathing very difficult, temperature high, pulse 160, croupous exudation on fauces. Gave an emetic of alum; when emesis had occurred, gave fld. ext. belladonnæ, gtt. j; tr. aconite, gtt. j; tr. digitalis, gtt. v; spt. etheris nit. gtt. x, which was followed by sleep in about 20 minutes, with less difficulty in breathing. Then the following preparation was left: fld. ext. belladonnæ, gtt. iv; tr. aconite, gtt. viij; tr. digitalis, gtt. xl; spt. ether. nit. gtt. lxxx, with seven teaspoonfuls of water, one teaspoonful to be given every four hours; intermediate, tr. ferri chlor. gtt. v, were given in water; also left a reserve of fld. ext. belladonnæ to be given if difficulty of breathing increased, which was, however, not needed.

When I next saw him, 24 hours after, all the symptoms had abated, and the boy was apparently convalescent; treatment continued with longer intervals between doses; recovery from this on, rapid.

Case 2. Clarie H., æt. 16 months, attacked Dec. 17th; treatment similar; recovery slower; general health more delicate.

Case 3. Lydia S., æt. 2 years, attacked Dec. 27th; treatment similar, only no emetic was given at first. In this case recovery was rapid, but three days later was followed by an attack of acute bronchitis. The three days referred to were after I had discontinued my attendance for croup.

Case 4. Master H., æt. 14 months. This boy expelled a large piece of false membrane from trachea, so large that it almost strangled him, after which belladonnæ was given; other treatment similar as in preceding cases; no emetic was given; convalescence was more protracted. To be of benefit, the belladonna must be given in doses sufficient to produce dryness of the throat, and this effect maintained until the disease yields, at the same time great care is necessary to prevent the toxic effects of the remedy.

DOMESTIC INTELLIGENCE.

Nitrite of Amyl in Sea-sickness.—Dr. CROCHLEY CLAPHAM recommends (*Western Lancet*, June, 1875) the inhalation of three drops of the nitrite of amyl as a remedy for sea-sickness. The patient, he says, must be confined to the recumbent position, and the inhalation made rapidly without much admixture of atmospheric air. He allows patients to vomit once before applying the remedy. The salutary action of the drug lasts for twenty-four hours, when it may be repeated if necessary.

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The International Congress of Ophthalmology will meet in New York City on Tuesday, September 12, 1876, at twelve o'clock, noon. The following extracts from the rules of the Congress will give an idea of the general character of the society, and of the terms of membership:—

"1. The object of the International Periodic Congress of Ophthalmology is to promote ophthalmological science, and to serve as a centre to those who cultivate it. It will entertain no discussion foreign to this object.

"2. The number of members is unlimited.

"3. Every member must be either a doctor of medicine, or of surgery, or of science, or possess some other equivalent degree, or be distinguished for his scientific knowledge.

"4. Candidates for admission into the society shall be admitted on presentation of their diploma or of their scientific title, unless ten members demand a ballot.

"5. The sessions of the society shall take place every fourth year, and be limited to ten days."

"11. The society gives no diploma. Before the opening of each session a card available for admission to all the meetings, and signed by the President and Secretary, shall be given to each member on payment of his subscription (fixed at $2), and upon signature of his name on the register of those attending the meeting."

Among the members of this Congress are such men as Arlt and Stellwag, of Vienna: Giraud-Teulon, Javal, and Weeker, of Paris; Helmholtz, of Berlin; William Bowman, George Critchett, R. Liebreich, J. W. Hulke, and Soelberg Wells, of London; Donders and Snellen, of Utrecht, Holland.

It is hoped that many of them will come to New York in 1876. The committee are making all efforts to secure a large attendance, and one that will leave its mark upon the progress of scientific ophthalmology. The co-operation of the profession of the United States in securing these objects is earnestly desired by the undersigned, the Provisional Committee, appointed in London in 1872.

Cornelius R. Agnew, M.D.,
Henry D. Noyes, M.D.,
Daniel B. St. John Roosa, M.D.

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Physical Culture in Amherst College.—We have received the address delivered by Dr. Nathan Allen, at the meeting of the Alumni of this College, July 7th last, on this subject. He claims that great benefits have resulted from the establishment, in 1859, of a department of physical culture and hygiene in the above-named college.

"In recounting its advantages," he says, "I might refer you to the great contrast between the health of students now and twenty or thirty years ago; that very few now break down in health compared with what once did; that for years there has been much less sickness and mortality in college than formerly; that the average health of each class is found to improve from year to year, so that when they come to graduate, instead of appearing with pale faces, picked features, and lean, lank forms, we see students graduating with countenances glowing with health, possessing strong muscles, and a large amount of vitality laid up in store to meet the battles of life."

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Alumni Society of the Auxiliary Department of the University of Pennsylvania.—The graduates of this department have organized an Alumni Society, and elected the following officers: *President*, Dr. R. G. Curtin; *Vice-President*, Dr. De Forrest Willard; *Corresponding Secretary*, Dr. E. L. Evans; *Recording Secretary*, Dr. C. K. Mills; *Treasurer*, Dr. I. Guitéras.

At the first annual meeting, January 24, 1875, it was resolved to institute a "*George B. Wood*" prize of fifty dollars to the graduate who shall pass the best examination and present the best thesis embodying original investigation.

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Harvard Medical School.—At the annual commencement, held on the 30th of June last, the degree of M.D. was conferred on thirty candidates.

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Medical Department, University of Virginia.—At the commencement, held on the 1st of July last, the degree of M.D. was conferred on twenty-one candidates.

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Tennessee State Medical Society.—This Society held its annual meeting in Nashville, in April. The following officers were elected for the ensuing year. President, J. H. Van Derman, M.D., of Chattanooga; Vice-Presidents, P. D. Sims, M.D., of Chattanooga; J. J. Abernathy, M.D., of Pulaski, and P. F. Evan, M.D., of Union City; Secretary and Treasurer, J. D. Plunket, M.D., of Nashville.

—

New Hampshire Medical Society.—The annual meeting of this Society was held at Concord on 15th June. The President,

Dr. Nahun Wight, of Gilmanton, in the Chair.

The following officers were elected for the ensuing year. President, S. M. Whiffle, M.D., of New London; Vice-President, Prof. A. B. Crosby; Secretary, Dr. G. P. Conn, of Concord; Treasurer, Dr. Thomas Wheat, of Manchester.

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Michigan State Medical Society.—The annual meeting of this Society was held in Detroit in June. Dr. R. C. Redzie, of Lansing, President, in the chair.

The following officers were elected for the ensuing year. President, Dr. Wm. Brodie, of Detroit; Vice-Presidents, Drs. James A. Brown, of Detroit; G. C. Frothingham, of Ann Arbor; H. B. Shank, of Lansing, and C. W. Backus, of Three Rivers; Secretary, Dr. Geo. E. Ranney, of Lansing; Treasurer, Dr. Gordon Chittock, of Jackson.

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Philadelphia School of Anatomy.—Dr. Wm. W. Keen has published a very interesting history of this school and its relations to medical teaching, a lecture delivered March 1, 1875, at the dissolution of the institution. This school was opened in March, 1820, by Dr. J. V. O'B. Lawrence, and successively passed into the hands of Drs. J. D. Godman, James Webster, Jos. Pancoast, Justus Dunot, Jas. McClintock, J. M. Allen, William R. Grant, D. Hayes Agnew, J. E. Garrettson, J. P. Andrews, and in 1866 of Dr. Keen, who continued it until last spring, when the building which had been purchased for public purposes was demolished. Various other teachers also gave special courses in the building, and important physiological investigations were carried on there. To complete the history of this school, Dr. Keen gives a notice of the teachers who were at different times associated with it, and shows how many of those who received instruction therein have arrived at great eminence in the profession. The lecture will well repay perusal.

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Convictions for procuring Abortion.—Dr. A. Gibson Mahon, convicted of criminal malpractice in producing abortion and causing thereby the death of a woman, has been sentenced to pay a fine of five hundred dollars and undergo an imprisonment of seven years in the Eastern Penitentiary, Philadelphia.

Dr. F. E. Perpente, convicted April 2d last of being an accessory after the fact to the crime of abortion, has been sentenced to an imprisonment of one year from the date of conviction.

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Obituary Record.—Died in Louisville June 13, 1875, in the sixty-fourth year of his age, Lewis Rogers, M.D., a leading practitioner and distinguished teacher of that city.

FOREIGN INTELLIGENCE.

Hæmatozylum in Alkalinity of the Urine.—Last year Mr. Cotton published in the *Lyon Médicale*, a communication relative to the antiseptic qualities of this substance. According to him, fermentation cannot take place in an infusion of the wood; and if a few chips are placed in decomposing urine its odour is removed. With the object of ascertaining whether this action could take place in the animal economy, M. Cotton gave to a man, aged 45, who had suffered for twenty-three years from distressing frequency of micturition, his urine being also very alkaline, from ammonico-magnesian phosphate, and albuminous, an infusion of half a drachm of logwood night and morning. In ten days the urine had become acid and free from crystals of the triple phosphates. The proportion of albumen was not changed, but there was a marked diminution in the frequency of micturition.—*Irish Hospital Gazette*, June 15, 1875.

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Transfusion.—Successful cases of this operation are mostly surrounded by doubts; for it may always be asked whether the reviving means used before the operation had not the largest share in the recovery. Be this as it may, we should keep an account of the cases which end favourably. One of this kind occurred lately in Paris, at the Maison Municipale de Santé, under the care of M. Féréol. It

referred to a lady of forty, who, after several miscarriages, was imprudent enough to undertake a voyage from New York to France, being far gone in pregnancy. She was confined on board the vessel, had considerable hemorrhage, but nursed her child, and, though weak, proceeded from Havre to Paris. There she had severe loss of blood, and was conveyed to the above-mentioned hospital (a most useful institution for persons of some means, as the patients pay more or less according to the accommodations they require). Here the lady became fearfully anæmic, and the hemorrhagic attacks became more frequent, in spite of ergot, brandy, and bark. At last she was so reduced, and the loss of blood so frequent, that plugging, compression of the aorta, and binding up of the limbs were practised, but all to no purpose. At last transfusion was performed, the blood being obtained from a young ward attendant, in good health, who kindly volunteered his services. About six ounces were thrown into the patient's median-cephalic, with a little loss, by means of Matthieu's apparatus. For about thirteen days the greatest care was taken of the patient, and the pulse, temperature, and the proportion of globules were carefully noted. She gradually recovered, and left the hospital six weeks after admission, and thirty-six days after the transfusion, which had been effected with *undefibrinated* blood. It will occur to every one that the simplest apparatus should, if possible, be used; that one such apparatus should be kept in every hospital; that it should be easily obtained at a surgical instrument maker's; and that all surgeons, young and old, should be well practised in the different steps of the operation.—*Lancet*, June 19, 1875.

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Ovarian Cyst of Thirty-four Years' Duration; Tapping performed Twenty-four Times; Ovariotomy. — Dr. Bouyer, of Angoulême, relates a case of this in a woman aged forty-nine years. Notwithstanding the long continuance of the disease, there was no adhesion between the ovarian sac and the abdominal parietes. On the sixteenth day the incision had entirely healed. The patient then imprudently exposed herself for many hours to extreme cold, which resulted in pneumonia, ending fatally.—*L'Union Médicale*, June 24th, from *Gaz. Méd. de Bordeaux.*

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Influence of the Bronchitic Secretion on the act of Death.—The veteran, M. Piorry, read before the Academy of Medicine (June 15) a paper on this subject. He argued that its presence, even in such quantity as to cause merely lessened elasticity and crepitation of the lung substance, constituted the last, and finally efficient, link in the chain of the causes of death, and that the recognition of this is of practical as well as pathological importance. A lung which crepitates and remains voluminous when removed from the body is in an essentially morbid state, and to regard it, as is often done, as healthy, is to consider as normal a state which is, in fact, the immediate cause of death. In the cases to which M. Piorry seems especially to refer, those in which the amount of fluid in the lung-tissue is so trifling as hitherto to have been considered normal because almost always found after death, we doubt whether this last is not also the least in the chain of causes, and whether the practical disregard of it has the grave diagnostic and therapeutical consequences he suggests.—*Lancet*, June 26, 1875.

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Professor Dittell on introducing the whole Hand into the Rectum.—At a meeting of the Vienna Medical Society, at which a paper was read advocating this practice as a good one for examining the condition of the bladder from behind, Prof. Dittell warned the members that this procedure of Simon's, which has of late been much practised, is attended with considerable danger, as not only laceration of nerves and vessels may take place, but, when narrow, the rectum itself may be ruptured —an instance of which he alluded to. When the sphincter is in a normal state, the procedure is a very troublesome and painful one for the practitioner, who feels as if his hand were surrounded by an Esmarch tube, it seeming as if frozen and useless. To enter the rectum in this way

great force is required, and it is a violent procedure which can only be justified in some cases in which all other measures fail.—*Med. Times and Gazette*, June 19, 1875.

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Case of Bulimia.—Dr. Lubelski, of Warsaw, has forwarded to the Paris Académie de Médecine the particulars of a remarkable case of bulimia occurring in a woman twenty-six years of age, usually enjoying good health. She had been married but two months when she was seized suddenly with nervous symptoms, which were at first attributed to probable pregnancy. But at the same time came on an insatiable appetite and devouring hunger, so that the woman would eat from fourteen to sixteen pounds (Russian?) of meat daily. Neither sugar nor albumen were found in the urine. She grew enormously fat, so that she became unable to walk, and weighing about 250 lbs. All known therapeutical agents were tried in vain, and it was found that there was quite an abnormal tolerance of poisonous substances. Neither tænia nor any other form of helminthiasis existed, nor, indeed, any pathological condition which offered a clue for treatment, although the occurrence of convulsive paroxysms when she was not supplied with food seemed to indicate some kind of nervous affection. M. Lubelski, wishing to have the opinion of the Academy on the nature of the case and the treatment to be pursued, a committee was appointed to report upon it, consisting of MM. Béclard, Personne, and Vulpian.—*Med. Times and Gaz.*, June 12, 1875.

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Necrometer.—Bouchert found, by examination of 1100 men (living, dead, and in a trance), that no corpse has a higher temperature than 20° Cent. (68° Fahr.). He constructed a thermometer (alcohol) in such a way that the alcohol does not become visible before 20° Cent. has been reached. Even a child will be able to tell whether life be extinct or not.—*Am. Journ. Pharmacy*, July, 1875, from *Arch. f. Pharm.*, May, 1875.

Eucalyptus Globulus.—The result of extensive administration of this article in intermittent fever has hardly corroborated the promise of early experience; but it is interesting to find that its alleged influence on malaria has received some substantial confirmation. Dr. Cosson recently announced that its effect in Algeria had been very marked. Since the growth of plantations of this tree around the lake of Fezzara, the malaria which formerly was intense has almost disappeared.

The village of Ain Mokra, according to Captain Ney, furnishes an equally striking instance. The station was formerly so unhealthy that it was necessary to change the French garrison every five days on account of the number of men attacked. Fever has, however, become much more rare since plantations of Eucalyptus globulus have been made on the shores of the lake and the sides of the railway, which include altogether 60,000 trees. A writer in the *Temps* mentions a still more singular effect—namely, that parasites (phylloxera, etc.) disappear from vines growing near the eucalyptus. The experiment, made during several years and in several vineyards, had been uniform in its result.

It is interesting, in connection with these facts, to observe that the leaves of this plant contain an ethereal oil, of which even half-dried leaves contain 6 per cent., and that this oil, according to Gimbert, is a very powerful antiseptic. It will preserve blood and pus as long as carbolic acid (five months and more), and far longer than oil of turpentine. It prevents also the appearance of fungi or vibrios. These observations have received independent confirmation from Binz, in Germany.—*Lancet*, July 3, 1875.

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Obituary Record.—Died, at Montmorency, June 21, of organic disease of the stomach, Dr. Demarquay, in the 61st year of his age. Dr. D. was of humble origin, but became one of the most eminent and successful of French surgeons. He accumulated a large fortune, a considerable portion of which he had bequeathed for charitable and scientific purposes.

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The work is eminently practical and has the rare merit of being readable and interesting, while it preserves a strictly scientific character. The whole work reflects the greatest credit on author, editor, and publisher. It will convey some idea of the liberality which has been bestowed upon its production when we mention that there are no less than 280 carefully executed illustrations. In conclusion, we heartily recommend the work, not only to pharmacists, but also to the multitude of medical practitioners who are obliged to compound their own medicines. It will ever hold an honored place on our own book-shelves.—*Dublin Med. Press and Circular*, Aug. 12, 1874.

With these few remarks we heartily commend the work, and have no doubt that it will maintain its old reputation as a text-book for the student, and a work of reference for the more experienced physician and pharmacist.—*Chicago Med. Examiner*, June 15, 1874.

Perhaps one, if not the most important book upon pharmacy, which has appeared in the English language, has emanated from the transatlantic press. "Parrish's Pharmacy" is a well-known work on this side of the water, and the fact shows us that a really useful work never becomes merely local in its fame. Thanks to the judicious editing of Mr. Wiegand, the posthumous edition of "Parrish" has been saved to the public with all the mature experience of its author, and perhaps none the worse for a dash of new blood.—*London Pharm. Journal*, Oct. 17, 1874.

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The general index, without which half the value of such a work is lost, appears essentially complete, and the whole work forms a most useful and reliable book of reference for the physician and pharmacist.—*Boston Med. and Surg. Journ.*, March 19, 1874

To be without a copy of "Griffith" for reference, is tantamount to being without a work on practice.—*Western Lancet*, March, 1874.

We regard this as the best work on the subject of which we have any knowledge.—*Cincinnati Lancet and Observer*, April, 1874.

Altogether, we consider it to be the best book upon this subject with which we are acquainted.—*Nashville Med. and Surg. Journ*, April, 1874.

This useful work has undergone a thorough revision, the new edition embracing all the changes which have been introduced into the latest editions of the United States, British, German, and French Pharmacopœias. Much obsolete matter has been omitted, and still it has been found necessary to add nearly one hundred and fifty pages to the volume. It is a work which no physician or pharmaceutist should be without.—*Peninsular Journal of Med.*, April, 1874.

A more complete formulary than it is in its present form, the pharmacist or physician could hardly desire. To the first some such work is indispensable, and it is hardly less essential to the practitioner who compounds his own medicines. Much of what is contained in the introduction ought to be committed to memory by every student of medicine. As a help to physicians it will be found invaluable.—*Am. Practitioner*, July, 1874.

The work does great credit to its author and editor, and will prove an excellent work of reference to the physicians and druggists—especially to those of the United States.—*Edinburgh Med. Journ.*, Feb. 1875.

HENRY C. LEA, Philadelphia.

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CONTENTS.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Tapping and Draining the Pleura 129

HOSPITAL NOTES AND GLEANINGS.

Recovery from Double Optic Neuritis; no Amaurosis 133
Migraine, Chorea, and Rheumatism . . 133

MEDICAL NEWS.

Original Articles—Case of Cholera treated successfully by Chloroform Inhalation . 134
A Case of Uterine Polypus in which Hysterical Convulsions were a Prominent Symptom 134
Domestic Intelligence—Application to Burns 135
Damiana 135
University of Pennsylvania 135
Hospital of the University of Pennsylvania 135
Jefferson Medical College 135
Ohio State Medical Society 135
West Virginia State Medical Society . . 136
Medical Society of the State of North Carolina 136
Wisconsin State Medical Society . . . 136
Medical Department of the University of Vermont 136
Medical and Chirurgical Faculty of Maryland 136
Consolidation of Journals 136
Obituary Record 136
Foreign Intelligence—Deaths from Chloroform 136
Production of Meteorism 137
Atropia in Opium Poisoning 138
Valerianate of Quinia in Nervous Vomiting 138
Alcoholic Phthisis 138
Sudden Death after Paracentesis Thoracis . 138
Change of Type of Disease 139
Poisoned by a Hat 140
The Influence of Arctic Cold on Man . . 140
Influence of Chloroform on Ferments . . 141
Alleged Degeneration of the Factory Population 141
Preservation of Food by Compressed Air . 142
Reappearance of a Flower at the end of Twenty Centuries 142
A Dwarfish Race 142
Dr. Fleetwood Churchill of Dublin . . 143
Obituary Record 143

STOKES ON FEVER . . . . . 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Tapping and Draining the Pleura. By BERKELEY HILL, Surgeon to University College Hospital.

GENTLEMEN: This patient, with fistula in the thorax and abscess in the right pectoral muscle, caused by the escape of pus from an empyema, affords me an opportunity of briefly reciting to you the leading points connected with thoracentesis.

The effusion may be merely dropsical fluid from neighbouring organic diseases, inflammatory, serous exudation, or pus. To remove these collections thoracentesis may be needed in three groups of cases. (1) In very copious effusions death is threatened by gradual suffocation, but it more frequently takes place suddenly by syncope—a contingency you should never forget. (2) When the effusion compresses one lung, and seriously impedes the action of the heart. (3) When there is hectic or pus it is necessary to open a free drain from the lower part of the cavity in order to gradually close it.

In chronic pleurisy absorption is very slow. Meanwhile the lung is squeezed against the spine, and in time its tissue becomes so much altered that it cannot expand again, or fibrous adhesions grow strong enough to bind down the lung permanently. Such bands also, though less

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frequently, fasten the pericardium in an unnatural position, by which the action of the heart is hindered. The pleura itself, by long-continued inflammation, becomes very thick. At the post-mortem of the child whose photograph is before you we found the pleura to be one-eighth of an inch thick, making a leathery unyielding cover, fixing the lung to the spine. In this condition, though we had no difficulty in draining the pleura, the lung could not expand to fill up the cavity. In consequence, the skeleton of the child continued to collapse and twist till this extraordinary deformity was produced. Serous effusions after a time are apt to become purulent; in this state they are still less rapidly got rid of than serum. Pus, too, frequently excites hectic or septic fever, and, by ultimately perforating the pleura, may penetrate to a bronchus or to the surface of the chest, and thus form bronchial or thoracic fistulæ. Spontaneous cure by this means is possible, but, through the indirect course of the fistula, it is tedious.

Formerly a long list of objections was put forward against this operation. Most of them are abandoned; but for the rest a few words of notice may be introduced. Let us take, first, the possibility of wrong diagnosis. Doubtless this cannot always be avoided. But in any case a fine canula and exhausting syringe may be plunged into the chest without the slightest apprehension. Dr. Ringer uses the ordinary subcutaneous injection syringe. This may be inserted in several places if the fluid be not hit upon by the first puncture. Such small wounds of a solid tumour or of the lung itself give no trouble. Bowditch[1] says he has never seen harm ensue even when blood has been drawn out through the ordinary canula. The risk of wounding the intercostal vessels is a bugbear only to the theorist; in practice it does not occur. I do not know that a single case has been recorded, nor has Bowditch met with an instance in two hundred and fifty cases. It is alleged that to tap while fever is present increases the inflammation. But not necessarily. Dr. Ringer's observations[1] show that the temperature in several cases did not rise after tapping, while, when hectic is present, as with our patient of to-day, the temperature rapidly falls after the pus has been withdrawn. Indeed, you may be convinced, that, no matter what other affections coexist, you will not increase, but lessen, the patient's sufferings, and help him to recover by drawing away the fluid that harasses him. Be quite satisfied on this point. That fresh fluid is often effused into the pleura after tapping is no real objection. It can be tapped again as often as it collects in any considerable quantity; nor is the absorption of consecutive effusions impeded by withdrawing the first. Indeed, contrary to what was once alleged, repeated puncture is more likely to prevent the conversion of serum into pus than to hasten it. Meanwhile the lung and heart, being frequently relieved from pressure, are less liable to be permanently fastened down in an unnatural position. The entry of air is an objection which has some weight, though it is greatly overestimated. Air has got into the pleura again and again without any mischievous results; but as it is easy to keep air out, that should be always done when the fluid is serous. Whether there is any advantage in closing the wound after evacuating pus is not yet clear; certainly the remainder or any subsequently secreted pus is rarely absorbed spontaneously when the wound is closed. According to my experience, the cavity shrinks and the lung expands only when constant drainage is maintained; thus time is saved by beginning to drain at once. But I must not omit to state that in some of Dr. Ringer's cases the pus gradually ceases to form after simple repeated aspirations; so that perhaps the following rule is the best to lay down for practice. You may simply tap all effusions the first time unless you have already parietal abscess, hectic, or putrid pus; but on the second tapping, drain the purulent effusions; serous effusions may be simply tapped as often as any considerable bulk of fluid collects.

[1] Thoracentesis. New York, 1870.

[1] Practitioner, Dec. 1874.

The mode of operation depends on the nature of the fluid. If serous—and it is probably so when not accompanied by consolidation of the lung or parietal abscess, nor of long standing—it can be reached most readily at the infra-axillary region, and in the sixth or seventh interspace. As you know, in the infra-axillary region the sixth interspace is on the level of the nipple; hence it is easy to select a convenient position for the trocar. This should be plunged in at once without preliminary incision, for the puncture closes, when the instrument is withdrawn, by the elasticity of the skin; but, to make sure, a bit of lint soaked in collodion may be put over the puncture. The quantity to be removed at one tapping depends greatly upon the effect the evacuation has on the patient. There is no advantage in extracting as much as possible, and great pain and even danger at times ensue from doing so. You need not aspirate at all, in most cases; the pressure within the chest will drive out the fluid fast enough, though the syringe is useful to force back a clot or shred of lymph, if such block the tube. Coxeter has lately improved the aspirator by connecting the evacuating nozzle with a long India-rubber tube, by which the stream can run direct to the pan without entering the barrel of the syringe, and the exhausting or injecting power is reserved to overcome accidental plugging. But in most cases I prefer the well-known Thompson's trocar, in which, as you see, the trocar, as it leaves the canula, enters an air-tight stuffing-box; thus air cannot rush into the pleura if the stream ceases to flow out. Under all circumstances let as much flow as will come readily, and stop it if the patient feels a tearing pain or begins to cough violently and continuously—symptoms which Trousseau tells us are caused by the expanding lung drawing air along its disused tubes. Should a second tapping be needed, the patient will readily consent when he has once felt the relief it brings.

When intending to drain, an orifice should be made further back and lower down than suffices for simple tapping. The best situation is that defined by Bowditch—one opposite the lower angle of the scapula, and (in an adult) two inches higher up than the lowest point of respiratory murmur on the sound side. He feels with his forefinger for an interspace, which would be the eighth or ninth, and plunges in his trocar quickly and freely, taking care to go deep enough that he may reach the fluid, through thick layers of lymph if they be present. When quite sure beforehand that the fluid is pus, use a canula wide enough to let a drainage-tube pass through it; and when the stream of pus flags introduce five or six inches of India-rubber drainage-tube; tie a piece of silk thread firmly to the outer end, and secure that to the skin by placing over it a good-sized disc of diachylon plaster three or four inches above the wound, to prevent the whole of the tube slipping into the cavity—a mishap that has occurred ere now. Then cover the wound with a broad thick layer of tow or tarred hemp, which can be renewed as often as it is charged with matter. In a day or two the quantity will not exceed a few drachms per diem, and is easily managed. Keep the patient as much as possible on his back and injured side, and protect him well from chills, to which he will be sensitive for a long time, and thereby to fresh pleurisy. If the tube first used, being necessarily a small one, does not drain freely enough, in two or three days the orifice will have widened sufficiently to allow a larger tube to take the place of the first. Again, if while the fluid flows the character of the matter induces you to begin drainage when you had tapped with the intention of closing, you may widen the orifice by incising the skin and muscles parallel to the rib while the fluid is running freely, and pass in the drainage-tube by the side of the canula still *in situ*. If you leave the passing of the tube till the chest has emptied itself, you will have much more difficulty in accomplishing its introduction. When there is already abscess in the front of the chest, you may disregard it, and in most cases it is better to do so, and make your aperture at the back as if it were not present. The matter soon drains again into the chest and disappears. A

patient put by Sir William Jenner under my care last spring had bulging abscess in the infraclavicular region. The skin was red and fluctuation most distinct. Drainage was made in the back. The abscess shrank considerably even while the pus was running through the canula, and in twenty-four hours all signs of it had disappeared.

With regard to using anæsthetics, certain authorities—Dr. Bowditch, for example—are most strongly opposed to their use. Dr. Bowditch has narrated[1] to Dr. Clifford Allbutt of Leeds, that, in five cases where ether was administered, two died shortly after the operation, a third was restored only by most energetic means, including tracheotomy, and the ether was abandoned in the remainder before the operation was complete. With such examples, anæsthetics should not be used for simple tapping. If the patient dread the prick, the skin may be numbed by ether spray. Nevertheless, when an incision has to be made through thick muscles at the back, and the often tedious operation of introducing a drainage-tube to be undergone, the pain is severe, and the shock to the patient in his depressed state proportionately great. In such cases chloroform is given without hesitation in this hospital, and certainly so far without a fatal result. I have notes of seven[2] cases where I have operated while the patient was under chloroform, large quantities—twenty, thirty, and thirty-seven ounces—of fluid having been withdrawn without any serious difficulty, and in most cases without any unusual symptom whatever. I do not know how often my colleagues have resorted to chloroform, but I am not alone in using it. Dr. Allbutt also remarks that in one of his cases chloroform was employed, and the result was "fairly good." Hence, though anæsthetics are not to be lightly resorted to, they may be safely employed when really required. It is worth notice also that *ether* was the source of mischief in the fatal cases, and that *chloroform* was well borne in our cases.

[1] Medical Times and Gazette, May 16, 1874.

[2] An eighth case has occurred since these "remarks" were made.

Lastly, a few words about injections. Boinet obtained great results with them. He used to tap the pleura and inject solution of iodine and close the wound at once, getting sometimes rapidly a complete cure. Used thus I have had no success with injections, and very little in any way. When there is stinking pus and septic fever, an effective drain usually quickly clears off the putrid matter, and the septic fever subsides rapidly. In extreme cases you may wash out the cavity with warm water injected through a flexible catheter, but astringent or antiseptic solutions of all kinds are not wanted, and they annoy or hurt the patient.

Sometimes, owing to adhesions or other loss of expansive power in the lung, there remains permanently a small cavity, which, if kept clear by assiduous drainage, interferes little with the patient's health or occupation. An omnibus-driver, who had extensive empyema three years ago, is now regularly at work, and pays us a visit now and then that we may be sure he keeps up proper drainage of a space that refuses to close completely. He, as well as another patient, who has worked on a lighter up and down the Thames for the last nine years, and is at the same work still I believe, wears a silver canula night and day, through which two or three teaspoonfuls of matter ooze daily. They are both much exposed to the weather, yet are strong and hearty.

The tube must be worn as long as any matter is secreted. One of the patients on whom I operated, a girl, wore it from her eighth to her thirteenth year, during which period she had scarlet fever; yet she is now well-grown, straight, and has very little contraction of the side where she so long had empyema. In concluding, let me mention that when there is great distortion and displacement of the viscera, through collapse of the thorax after empyema, sudden death by syncope may happen. The child whose pleura was so much thickened died thus.—*Lancet*, July 17, 1875.

HOSPITAL NOTES AND GLEANINGS.

Recovery from Double Optic Neuritis; no Amaurosis.—It is well known, or ought to be, that optic neuritis may exist in a patient who can read the smallest type. There are two patients in the London Hospital now who have severe neuritis, great swelling with effusions of blood, whose sight, so far as they know, and so far as reading goes, is quite good. Such cases are very common in physicians' practice, and Dr. Hughlings Jackson never tires of insisting on the great clinical importance of the facts they show. It is not even an exaggeration to say that neuritis is in physicians' practice far commoner with good or only slightly impaired sight than is absolute amaurosis from any cause.

It is to be observed, also, that optic neuritis may *pass away leaving sight good.* The following is a case of recovery from optic neuritis. It is not a case of recovery from amaurosis, for there was no defect of sight at any time, except, of course, the confusion of vision due to the palsies of the sixth nerve. A man twenty-eight years of age attended as an out-patient December 4, 1871, for complete deafness of the left ear, slight deafness of the right ear, almost complete palsy of the left sixth nerve, paresis of the right sixth, very trifling weakness of the superficial muscles of the left side of the face, and irregularly distributed numbness of both sides of the face. There was no paralysis of the limbs. These symptoms were probably owing to intracranial syphilis; they rapidly passed off under the use of iodide of potassium in large doses. For this reason the case is one of practical interest. Such a *medley* of symptoms is very significant of intracranial syphilis. But there is one matter of still greater importance. The patient had acute and severe double optic neuritis, and yet had no defect of sight. The neuritis was passing off when the patient ceased to attend, but being written to he presented himself in October, 1872. He was quite well. He could then, as before, read No. 1½ Snellen easily. To indirect examination no abnormality was discoverable in his disks; to direct examination the changes were trifling, only such as are frequently seen in patients who have no cerebral symptoms.

It may be objected that in this case the neuritis itself was syphilitic; but it differed in no obvious way from neuritis the consequence of glioma. Dr. Hughlings Jackson always gives large doses of iodide of potassium in cases of acute and recent optic neuritis; but for the very reason that he *always* gives this drug he is unable to declare whether the recovery is really due to medicament. His impression is that it is due to the drug, and therefore he does not feel justified in omitting it in any case. He believes there would be less blindness than there is if neuritis were discovered earlier and treated vigorously.—*Lancet*, July 10, 1875.

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Migraine, Chorea, and Rheumatism.—Dr. Hughlings Jackson has been struck by the intimate relation there seems to be between chorea, migraine, and rheumatism—a relation which he believes was pointed out by the late Dr. Anstie. It is seen in several ways. Patients who have chorea are found to be subject to severe paroxysmal headache, not often, however, preceded by ocular spectra. In several recent cases of unusually severe migraine, Dr. Hughlings Jackson has found that the families of the sufferers have been subject to rheumatic fever. In patients recently admitted into the London Hospital for rheumatic fever a fair proportion have been subject to headache, but the facts gathered from the few patients as yet interrogated are vague and inconclusive.

During a period of rather more than a year Mr. G. E. Herman worked with Dr. Hughlings Jackson on the clinical history of chorea. Notes of seventy-six cases were taken. As regards headache, it appears that fifty-three of the patients suffered from paroxysmal headaches. In four information about headache could not be, or was not, obtained. Out of the fifty-three headaches, thirty-one were constantly attended with nausea or vomiting. In fourteen there were ocular phenomena—temporary amblyopia or spectra. In eleven there was giddiness.—*Lancet*, July 10, 1875.

MEDICAL NEWS.

ORIGINAL ARTICLES.

Case of Cholera treated successfully by Chloroform Inhalation. By T. J. Taylor, M.D., of Willard, Ky.

In this section of the State there have recently been several cases of Asiatic cholera, one of which it was my fortune to treat, and having treated it, to myself in a novel manner, I take pleasure in reporting it.

Was called to the case about 10 o'clock at night. Found the patient suffering the most indescribable pain, scarcely conscious of anything else. Stage of collapse not fully developed. The premonitory diarrhœa had existed for fourteen hours, the discharges resembling "rice-water," characteristic of the disease in question; pulse very feeble, at wrist 125 beats per minute; skin cool and covered with a viscid perspiration; abdominal muscles and those of the legs cramped. In short I deemed the case one of aggravated cholera, and immediately began administering the most potent antispasmodics and anodynes both by the mouth and topically, frequently repeating the doses and increasing them even further than I felt warranted in doing. Pursuing this course of treatment for two hours without in the least mitigating the sufferings of the patient, on the contrary his symptoms seemed to grow worse, when his excruciating agony induced me to try chloroform inhalation, which I did freely (having used it per orem in the above treatment); keeping up the full anæsthetic effect for half an hour, when on the return of consciousness the patient still complained, but felt greatly better; beginning to grow worse after a few minutes, I repeated the chloroform four or five times, allowing a few minutes intermission. Patient was entirely relieved and fell into a quiet sleep. In the mean time I used strong astringent enemata, which controlled the diarrhœa by noon the next day.

I know that one case is not sufficient to test the efficacy of any mode of treatment, but, taking into consideration the severity of the case, and the quick and happy effect it exerted, I have cause to believe it worthy of trial. Anyhow, should I encounter an epidemic of cholera, it would be armed with encouragement and confidence that this course of treatment for cholera would be attended with more success than can be ascribed to any other hitherto practised or advocated.

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A Case of Uterine Polypus in which Hysterical Convulsions were a Prominent Symptom. By A. E. Spalding, M.D., Winnebago, Illinois.

Looking over the works of Thomas, Barnes, West, Hewitt, Meigs, and Byford on Gynæcology, I find no mention made of hysteria as a symptom in polypus uteri, and therefore deem the following case worthy of note. Mrs. M., æt 45, mother of four children, no abortions, has had convulsions for a period of two years, the "globus hystericus" being marked in every attack which came under my observation. The paroxysms occurred more frequently about the menstrual period, though she was rarely exempt from them a week at a time, and frequently several took place daily. About one year previous to her first convulsion, she noticed a hemorrhage from the uterus which became perpetual, or to use her own language "she was always unwell." During the catamenia she flowed profusely. A vaginal examination revealed a large polypus which was connected to the anterior wall of the uterus and extended to the external os. The os was large, flabby, and considerably ulcerated. Upon April 10th, at 10 o'clock P.M., I applied a wire écraseur and tightened it as much as the patient could bear, and left it. At 3 o'clock P.M., I was called in haste to see the patient, whom I found in a convulsion; morph. sulph. $\frac{1}{4}$ gr. hypodermically soon quieted the patient.

The wire was again tightened on the morning and evening of the 11th. Upon the morning of the 12th the wire was tightened, and a polypus the size of a hen's egg removed. It is now at this writing nearly three months since its removal, and the patient has not had a symptom of hysteria during this time. The os remains ulcerated, but is improving under

treatment. The hemorrhage also ceased with the removal of the tumour.

WINNEBAGO, ILLINOIS, June 22, 1875.

DOMESTIC INTELLIGENCE.

Application to Burns.—Mr. CHARLES RICE states (*Am. Journ. Pharm.*, August, 1875), that, being requested to search for an application which would combine *transparency, cleanliness, body, rapidity of drying*, and *flexibility*, he has succeeded in making the following combination, which has been used for more than a year in the hospitals of New York: "Take of the best *white glue* (extra) 15 ounces Break it into small pieces, add to it 2 pints of cold water, and allow it to become soft. Then melt it on a water-bath, add to it 2 fluid-ounces of glycerin and 6 drachms of carbolic acid, and continue the heat on the water-bath until a *glossy, tough skin* begins to form over the surface in the intervals of stirring. The mixture may be used at once, after the glue is melted and the glycerin and carbolic acid are added, but when time allows, it is advisable to get rid of a little more of the water, until the proper point is reached. On cooling, this mixture hardens to an elastic mass, covered with a shining parchment-like skin, and may be kept for any time. When using it, it is placed for a few minutes on the water-bath until sufficiently liquid for application (it should be quite fluid). Should it at any time require too high a heat to become fluid, this may be corrected by adding a little water. It is applied by means of a broad brush, and forms in about two minutes a shining, smooth, flexible, and nearly transparent skin. It may be kept for any time, without spoiling, in delf or earthen dishes or pots turned upside down.

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Damiana.—This is the name given to a new drug said to be derived from a Mexican plant, the botanical characters of which are not given, and which is claimed to possess extraordinary tonic and aphrodisiac properties. It is to be hoped that efforts will be made to obtain reliable information as to the habitat and distinctive characters of the plant, and further reliable experiments made with it. Until these are done, it will be premature to decide whether, like jaborandi, its claims will be established, or, like the coudurango, after making the fortune of a few speculators, it will sink into oblivion.

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University of Pennsylvania.—This institution has recently received several large additions to its funds:—

The late John H. Towne has bequeathed to the University Hospital $10,000 and he has left the Trustees a reversionary interest in his estate which may make the bequest ultimately amount to $1,000,000. This is to be held as an endowment fund, the interest to be appropriated to the salaries of Professors and Teachers in the department of Science.

Mr. J. Gillingham Fell, one of our most liberal fellow-citizens, it is said, has signified his intention to give the University five thousand dollars annually for five years, to be expended in the further improvement of the instruction in the medical department.

Mr. Reese Wall Flower has bequeathed to the University, after paying a few legacies, the residue of his estate, estimated at $200,000, to erect and maintain an observatory to be under the control of the Trustees of the University. A caveat has, however, been filed by the relatives of the deceased to prevent the will being admitted to probate.

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Hospital of the University of Pennsylvania.—This Hospital is in successful operation, and clinical lectures are being regularly delivered by the several clinical professors.

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Jefferson Medical College.—The Trustees of this institution have purchased property to the west of their present building, upon which it is intended to erect a hospital for clinical instruction.

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Ohio State Medical Society.—At the annual meeting of this Society held at Put-in-Bay in June last, the following officers were elected for the ensuing year. President, Dr. E. Williams, of Cincinnati; Vice-Presidents, Drs. W. S. Scarf, of

Bellefontaine; A. H. Ogard, of Sandusky; S. S. Thorn, of Toledo, and J. L. Beach, of West Jefferson; Treasurer, Dr. S. S. Gray, of Pizua; Secretary, J. W. Hadlock, of Cincinnati.

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West Virginia State Medical Society.—The annual meeting of this Society was held at Point Pleasant June 2d. Dr. M. Campbell, President, in the chair. The following officers were elected for the ensuing year. President, A. R. Barbee, M.D., of Point Pleasant; Vice-Presidents, Drs. J. O. Wall, of Huntington; S. G. Shaw, of Point Pleasant; B. F. Hoyt, of Ravenswood; Secretary, Dr. W. M. Dent, of Newburg; Treasurer, Dr. J. C. Hupp, of Wheeling. The next meeting will be held in Wheeling on the first Wednesday in June.

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Medical Society of the State of North Carolina.—The Twenty-second annual meeting convened at Wilson, May 18, under the presidency of Dr. J. W. Jones, of Tarboro. The following officers were elected for the ensuing year. President, P. E. Hines, M.D., of Raleigh; Vice-Presidents, Drs. J. H. Baker, of Tarboro; G. G. Smith, of Concord; T. D. Haigh, of Fayetteville; and J. K. Hall, of Greensboro; Secretary, James McKee, of Raleigh; Treasurer, H. T. Bahnsen, of Salem.

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Wisconsin State Medical Society.—The Twenty-ninth annual meeting of this Society was held at Madison on June 1, 2, 3. Dr. J. T. Reeve, of Appleton, President, in the chair. The following officers were elected for the ensuing year. President, J. B. Whiting, M.D., of Janesville; Vice-Presidents, Drs. Ira Manly, of Waukesha, and Dr. F. Senn, of Milwaukee; Secretary and Treasurer, Dr. J. T. Reeve, of Appleton. The Society adjourned to meet next year at Milwaukee.

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Medical Department of the University of Vermont.—At the annual commencement on June 24th, the degree of M.D. was conferred on thirty candidates.

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Medical and Chirurgical Faculty of Maryland.—In our notice of the officers of this Association in our July No, p. 106, it should have been stated that the President is Prof. John F. Monmonier; Prof. Christopher Johnston is the first Vice-President

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Consolidation of Journals.—The *Chicago Medical Journal* and the *Chicago Medical Examiner*, it is announced, will, after Aug. 1st, be consolidated, and be conducted by "The Chicago Medical Press Association," an incorporated stock company, composed of leading medical men of Chicago. The new journal is to be called *The Chicago Medical Journal and Examiner*, and is to be published monthly. The publishers will be W. B. Keen, Cooke, & Co.

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Obituary Record.—Died, in Lexington, Kentucky, June 24, 1875, George Sykg Bryant, superintendent of the Eastern Lunatic Asylum of Kentucky. Dr. B. was a most enlightened and skilful physician, and the author of some instructive papers to the *American Journal of the Medical Sciences.*

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—Two deaths have recently occurred from the administration of chloroform, and, singularly enough, in both cases the patients were about to be operated on for disease of the eye. The first case was that of a seaman aged twenty-seven, at the Ophthalmic Hospital, Gray's-inn-road. Whilst on a voyage to China he had been wrecked, and in saving himself had received an injury to the right eye. Mr. Wilkinson decided to operate, and the man was admitted into the hospital on Thursday, the 15th inst. On the following morning chloroform was administered, but after a lapse of three minutes his face became discoloured. Artificial respiration was at once resorted to, but without avail. The post-mortem examination showed that death resulted from cardiac syncope. The other case took place at Addenbrooke's Hospital, Cambridge. The wife of an innkeeper of Soham was admitted on the 14th inst., suffering acutely from the

effects of an accident to one eye. Learning that nothing but the removal of the eye would afford relief, the patient decided to undergo the operation, provided chloroform was administered to her: this was accordingly given, but with fatal results. Every means was used to restore animation, but the patient never rallied. Prof. Humphrey, who was to have operated, stated at the inquest that the chloroform had been administered by Mr Wherry with great care and caution, and he very rightly took the opportunity of observing that the public should know that the benefits of anæsthesia cannot be had without the attendant risks; and all agencies for producing unconsciousness are attended with some degree of danger. The jury returned a verdict that deceased died while under the influence of chloroform, and that the same was carefully and properly administered.

Mr. George Pollock, of St. George's Hospital, has, through the *Times*, made these two deaths an opportunity for directing public attention to the specially great danger attending the use of chloroform as an anæsthetic as compared with ether. Mr. Pollock acknowledges that the question, whether or not it is right to any longer use chloroform, which is dangerous, rather than ether, which is safe, has been brought forward in the leading medical journals, but he thinks it necessary to rouse the public to take an active interest in the matter. For ourselves we most fully recognize the fact that a very serious risk always attends the full use of chloroform; we never see it given to anæsthesia without anxiety, and we are prepared to maintain that its use in any minor operation is quite unjustifiable; but we are not prepared to say with Mr. Pollock that ether is "absolutely safe," and that the use of it, when pure, has "never been known to destroy life." The question is, however, as Mr. Pollock says, a big one, and one demanding much more notice than we can give it on this occasion.—*Med. Times and Gazette*, July 24, 1875.

The *Lancet* for July 31st refers to the case of a woman, aged twenty-one years, who died at Quarry Bank, on July 7th, while under the influence of chloroform, administered for the operation of puncturing an abscess in the abdomen. The patient was under the care of Mr. Ker.

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Production of Meteorism.—M. Leven has reported to the Biological Society of Paris the results of various experiments which he has made on animals respecting the composition, production, and effects of gases in the stomach and small intestines. His conclusions, which are of much interest in elucidating the pathology of dyspepsia, are opposed to some generally entertained opinions. When an animal is opened after death gases are found in the intestines, and physiologists say that these gases proceed from the reaction of the alimentary substances on one another. M. Leven maintains that this explanation is incorrect; that no alimentary substance ferments; and that the term "ferment" applied to pepsine is not exact, as pepsine does not act in the manner of a ferment, but has a fixed action, and modifies the physical state of the alimentary substances so as to render them absorbable. The fluids of the digestive tube preserve, but do not decompose the alimentary substances. M. Leven, in his experiments upon dogs, has never found inflammable gas; the only gases he has found being oxygen, nitrogen, and carbonic acid. He never failed to find nitrogen, but oxygen and carbonic acid have been in some instances entirely absent. The same gases have been found in the stomach and in the small intestines. Applying these results, M. Leven considers that the production of meteorism is not alone due to gas, but to paralytic distension of the muscular fibres of the stomach and intestines, produced by the introduction of hard, ligneous, indigestible matters which irritate the muscular system even before digestion commences. To demonstrate this he introduced air into the digestive organs of a dog; the animal was seized with dyspnœa and muscular trembling, but recovered in half an hour. M. Leven deduces from this fact that alimentary substances do not of themselves change either the nature or quantity of the gases in the stomach or intestines; and that as in flatulent dyspepsia the gases do not

result from alimentary decomposition, the principal cause of the phenomena observed is paralysis of the muscular tunic of the digestive tube.—*Irish Hospital Gazette*, June 15, 1875, from *Gaz. Hebdom.*

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Atropia in Opium Poisoning.—In a report of the Chinese Hospital at Shanghai, recently published, we find that the medical officer of the institution, Dr. Johnston, speaks almost rapturously of the value of the subcutaneous injection of atropine in opium-poisoning. During the last ten years upwards of 500 such cases of poisoning (nearly all suicidal) have come under his own observation, 62 having been recorded last year. Many of the most desperate cases rallied and recovered under the treatment advocated. The loss of life annually in China from abuse of the drug must be appalling. Opium-smokers to the number of 360 were treated in the hospital in 1874, but the experience and results obtained were not encouraging, and Dr. Johnston expresses his opinion that it is a hopeless task to reclaim the confirmed opium-smoker.—*Lancet*, July 24, 1875.

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Valerianate of Quinia in Nervous Vomiting.—Prof. Gubler has found this substance of great value in the uncontrollable vomiting of hysteria, which has resisted all other means. He gives from four to eight lozenges (each containing one grain and a half) per diem. In the vomiting of phthisis he has found it of no use whatever, and recommends its employment only in cases of nervous vomiting.—*Med. Times and Gazette*, August 7; from *L' Union Med.*, July 27, 1875.

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Alcoholic Phthisis.—In his Cantor Lectures on alcohol Dr. Benj. Richardson laid considerable stress on the occurrence of a form of consumption due to the abuse of alcohol, and summarized the characters of the disease as follows: Those who suffer from it are not young. They are usually over twenty-eight, and under fifty-five; the average age may be taken as forty-eight. They are generally males of robust build and naturally healthy constitution—the last persons likely, at first sight, to die of phthisis. They sleep well, eat pretty well, and drink very well; and they enjoy life and are often active in body and mind. Their failing is, that they partake freely of any alcoholic drink which comes in their way, and they bear alcohol with a tolerance that is remarkable to observers. As a rule, they cannot live in what they consider comfort without a daily excess of alcohol, which excess must be renewed on emergencies if there be a greater amount of work to be done, less sleep to be secured, or more life to be lived. Such men seldom have any serious illness, but some of those examined by Dr. Richardson had suffered from gout, others from rheumatism or neuralgia, and were easily depressed by slight causes—*e. g.*, a cold. The alcoholic consumptive has none of the usual facial characteristics either of ordinary phthisis or of habitual drunkenness, so that his friends are apt to be deceived and to believe that there must be hope for his recovery even when he is beyond hope. The symptoms of phthisis do not always begin when the patient is indulging most freely in alcohol; he may have for some time become abstemious. The first indication of disease is usually an attack of pain in the side, like that of acute pleurisy, which is sharp stabbing at the onset, but later on continuous; and when it subsides, suppressed breathing or difficult inspiration, owing to adherent pleura, is left behind. Then follows, in two-thirds of the cases, hæmoptysis, and examination of the chest reveals extensive and irreparable mischief, and the fatal end is not far off. "There is no form of consumption," says Dr. Richardson, "so fatal as that from alcohol. Medicines affect the disease very little, the most judicious diet fails, and change of air accomplishes but slight real good. In plain terms, there is no remedy whatever for alcoholic phthisis; it may be delayed in its course, but it is never cured"—*Med. Times and Gazette*, August 7, 1875.

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Sudden Death after Paracentesis Thoracis.—Dr. Besnier, under the impression that it is a strict duty to make known any unfortunate occurrences that may convey useful information, related to the Hospital

Medical Society the case of a lady, forty-three years of age, who died suddenly after the performance of thoracentesis. She was seized early in June with intense pain at the base of the right side of the thorax. There was fever, and her physiognomy and general condition at once excited alarm. When Dr. Besnier was called in on the 19th there were all the signs of an acute and abundant pleuritic effusion (unaccompanied by cardiac lesion), which had commenced forming sixteen or seventeen days before. There was no cardiac lesion, and the dyspnœa was not excessive. The pulse was 100 and feeble, and although her general appearance was bad, yet there was nothing about her to lead to a doubt that she would experience any relief usually attendant upon operation for very abundant effusion. Still the violent pain at the commencement, and the rapid exhaustion of strength which soon ensued, indicated that this was no case of ordinary pleurisy, and the patient was watched a while longer. On the 21st, however, no amendment having taken place, and the dyspnœa being on the increase, paracentesis was resorted to. It was performed with a very small trocar, the patient being propped up almost in a sitting posture. Although acutely sensible to the pressure of the finger in search of the intercostal space, she did not complain at the time of penetration. About 300 or 400 grammes of horribly fetid pus had been discharged in the course of a few minutes, when the quiet and immovable state of the patient attracted attention; and although her eyes were open, her face was of a ghastly pallor, and her respiration and pulse had ceased. Notwithstanding all efforts at revival, to the consternation of all concerned, she was dead.

M. Besnier does not regard this truly sudden death as a mere coincidence of the puncture and syncope, as there are facts, derived from experimental physiology, which show that the pain excited by the puncture may produce an arrest of the heart's action, which, under circumstances of extreme debility, may prove definitive. So, also, all practitioners are aware that in some affections attended with great debility or serious depression of the nervous system, a very slight cause, physical or moral, may give rise to sudden death, which, as regards the stage of the affection, is quite premature. The practical conclusion to be drawn from this unfortunate case is, that, while performing even the slightest operation upon subjects whose powers are notably depressed, the occurrence of syncope must be as carefully guarded against and watched for as if such persons had been submitted to the action of chloroform. And although the operation in this case was not delayed longer than is customary, it is to be believed that in persons in whom the strength has been so markedly and so rapidly reduced, it would have a much better probability of success if performed as soon as the physical signs rendered the presence of the liquid certain.

Although no autopsy was permitted in this case, Dr. Besnier feels certain, from the gangrenous fetidity of the fluid discharged, the early change in the general condition of the patient, and the destruction of all nervous vitality, that this was an example of primary gangrenous pleurisy, *i. e.*, not gangrenous pleurisy consecutive to a pulmonary lesion. He makes some interesting practical and bibliographical comments on the affection, for which we have not space.—*Med. Times and Gazette*, Aug. 7, 1875; from *L'Union Medicale*, June 29 and July 3.

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Change of Type of Disease.—The President of the British Medical Association, the eminent Professor, Sir Robert Christison, in his address at the recent meeting observed: "I regard cold as a powerful antiphlogistic, and its external application, already briefly referred to, as a remedy of unquestionable value in the treatment of hyperpyrexia; but my own observation, and the fullest attention I have been able to give to the recorded observations of others, have convinced me that the real reason for the present abandonment of a remedy of superior power, to wit, bloodletting, does not lie alone in the advance of scientific pathology. 'The thinking man,' writes one of the most philosophical of living physicians,

Dr. Stokes, 'finds it hard to believe that the fathers of British Medicine were always in error, or that they were bad observers and mistaken practitioners. They, indeed, have rested from their labours, but their works remain; and he who reads the writings of Sydenham, of Haygarth, and of Fothergill; of Heberden and Fordyce; of Gregory, Cullen, Alison, Cheyene, or Graves; must have a very inapprehensive mind if he fail to discover that there were giants in those days; and that the advocacy of such ideas only indicates a state of mind not consonant with the modesty of science.'"—*British Med. Journal*, August 7, 1875.

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Poisoned by a Hat.—A peculiar case of poisoning occurred lately at Stettin. On the day before Whit Sunday a shoemaker bought a felt hat. After wearing it, although it did not press on his head, he had severe headache; and an eruption appeared attended with swelling on his forehead, proceeding to suppuration at some parts. The eyes also became inflamed and almost closed; and the swelling extended more or less over the whole face. The hat was placed in the hands of an official analyst, who found that the brown-leather lining was coloured with an aniline dye containing poison.—*British Med. Journ.*, June 19, 1875.

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The Influence of Arctic Cold on Man.—Lieut Payer, the Australian explorer, has been laying some of the results of his explorations before the Geographical Society of Vienna. Referring to the influence of extreme cold on the human organism, he related that on March 14, 1874, he and his companions made a sledge journey over the Samiklar glacier, in order to make observations of Francis-Joseph Land. On that day the cold marked forty degrees (Reaumur) below zero. Notwithstanding this intense cold, M. Payer and a Tyrolese went out before sunrise to make observations and sketch. The sunrise was magnificent; the sun seemed surrounded, as it does at a high degree of cold, by small suns, and its light appeared more dazzling from the contrast with the extreme cold. The travellers were obliged to pour rum down their throats so as not to touch the edge of the metal cups, which would have been as dangerous as if they had been red-hot; but the rum had lost all its strength and its liquidity, and was as flat and thick as oil. It was impossible to smoke either cigars, or tobacco in short pipes, for very soon nothing but a piece of ice remained in the mouth. The metal of the instrument was just like red-hot iron to the touch, as were some lockets, which some of the travellers romantically, but imprudently, continued to wear next the skin. M. Payer says that so great an amount of cold paralyses the will, and that, under its influence, men, from the unsteadiness of their gait, their stammering talk, and the slowness of their mental operations, seem as if they were intoxicated. Another effect of cold is a tormenting thirst, which is due to the evaporation of the moisture of the body. It is unwholesome to use snow to quench the thirst, as it brings on inflammations of the throat, palate, and tongue. Besides, enough can never be taken to quench the thirst; as a temperature of 30° to 40° below zero makes it taste like molten metal. Snow-eaters in the North are considered as feeble and effeminate, in the same way as an opium-eater in the East. The groups of travellers who traversed the snow-fields were surrounded by thick vapours formed by the emanations from their bodies, which became condensed notwithstanding the furs in which the travellers were enveloped. These vapours fell to the ground with a slight noise, frozen into the form of small crystals, and rendered the atmosphere thick, impenetrable, and dark. Notwithstanding the humidity of the air, a disagreeable sensation of dryness was felt. Every sound diffused itself to a very long distance; an ordinary conversation could be heard at a hundred paces off, whilst the report of guns from the top of high mountains could scarcely be heard. M. Payer explains this phenomenon by the large quantity of moisture in the Arctic atmosphere. Meat could be chopped and mercury used in the shape of balls. Both smell and taste become

greatly enfeebled in these latitudes, strength gives way under the paralyzing influence of the cold, the eyes involuntarily close and become frozen. When locomotion stops, the sole of the foot becomes insensible. It is somewhat curious that the beard does not freeze, but this is explained from the air expired falling immediately into snow. The cold causes dark beards to become lighter; the secretion of the eyes and nose always increases, whilst the formation of perspiration altogether ceases. The only possible protection against the cold is to be very warmly clothed, and to endeavour as much as possible to prevent the condensation of the atmosphere, whilst the much vaunted plans of anointing and blackening the body are pronounced to have no real value. — *London Med. Record*, July 15, 1875.

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Influence of Chloroform on Ferments.— Some important observations have recently been made by M. Muntz on the effect on various ferments of the addition to them of chloroform. He finds that its effect is very different on the two classes of ferments which have been distinguished by Dumas as chemical and physiological ferments. On the former, which consists of a nitrogenized but unorganized material, it has no effect; on the latter, those in which the fermentation is the concomitant, if not the result, of a process of growth in vital organisms, chloroform has the effect of arresting the fermentation at once. Milk, to which a small quantity of chloroform had been added, remained for four months without becoming curdled, and no organism appeared in it; fresh urine, under the same conditions, remained for two months at a temperature of 25° to 30° C. without undergoing ammoniacal fermentation or yielding organisms; the result was the same with flesh, gelatine, and starch. The alcoholic fermentation of sugar in contact with yeast was completely arrested by the presence of chloroform. On the other hand, chloroform had no appreciable effect on the quantity of glucose developed in malt in a given space of time and at a certain temperature. Exactly the same quantity of hydrocyanic acid was formed in bitter almonds and without the addition of chloroform. Saliva changed sugar into starch at the same rate. Thus this agent offers a means of distinguishing accurately between ferments of the chemical and of the physiological class; and M. Muntz hopes to be able, by its help, to study from a new point of view the nature of the various morbid animal matters which have so disastrous an influence on the economy. At any rate, the effect of chloroform will enable a distinction to be drawn between the forms of animal poison which act in a manner similar to diastase and its analogues, and the altered liquids which are supposed to owe their virulence to the presence of bacteria and vibriones. The influence of chloroform on the organic bodies in arresting all action seems to be transient, but the ferment is afterwards incapable of acting with the same intensity. The lactic acid ferment has a greater power after its recovery from the influence of chloroform than yeast possesses, but prolonged contact with chloroform in each case produces the death of the organisms, and incapacity for further action.—*Lancet*, July 10, 1875.

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Alleged Degeneration of the Factory Population.—In his evidence before the Royal Commission on the working of the Factory and Workshops Acts, Dr. Fergusson, who has held office as certifying surgeon under the Factory Acts at Bolton for fourteen years, stated as the result of his observations that there is a steady degeneration going on among the factory population. He did not believe that it was so much the factory labour that operated prejudicially—the mills being more healthy to work in now than they were in years gone by—as the habits and mode of life of the factory workers. By free indulgence in stimulants, and in many cases excess in smoking, parents debilitated their own constitutions and transmitted feeble constitutions to their children. Again, children were often fed on tea and coffee after they were weaned, instead of getting good milk. Another cause of degeneration among boys was that at least one-half of those over twelve

years of age either smoked or chewed tobacco, or perhaps indulged in both vices. There is no doubt that the excessive use of stimulants and tobacco is very general in factory districts, and is to some extent the cause of degeneration of the population; but, as the chairman of the Commission observed, the remedy for this unfortunate state of things is scarcely within the reach of Parliament. We hope to return to the subject after the Factory Commissioners have concluded their labours.—*Med. Times and Gaz.*, July 17, 1875.

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Preservation of Food by Compressed Air.—Prof. Paul Bert communicated to the Académie des Sciences some of the results of the experiments which he has long been engaged in conducting with compressed air. Specimens of meat submitted to a compression of forty-four atmospheres were found at the end of three weeks to be in a state of perfect preservation. Cutlets were declared to be in as good a condition as when quite recent, a little more tasteless perhaps. Eggs which have been beaten up and exposed to the compression on May 28th were found to be on June 28th as fresh as at first, while others beaten up at the same time and left in open vessels were frightfully stinking. Oxygen, then, at this strong tension either kills vibriones or at least prevents their development in organic matters. Fruits, as strawberries, cherries, etc., comport themselves in like manner, as also does moistened bread. The coagulation of milk is not prevented by compression, being only retarded. It thus seems that in oxygen of high tension we possess an agent for the preservation of animal and vegetable substances, which may prove of utility in scientific investigation, and perhaps even in commercial pursuits.—*Med. Times and Gaz.*, July 17, 1875, from *L'Institut*, June 30.

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Reappearance of a Flower at the end of Twenty Centuries.—The effect of light, as regards the revival of life in the vegetable world, has just been illustrated by the observations near Athens of Prof. Hendreich, under very curious circumstances. The mines at Laurium, concerning which of late years there have been such active diplomatic procedures, consist for the most part of the scoriæ produced by the workings of the ancient Greeks. These still contain a great deal of silver, which can be extracted by the superior appliances of modern times. Beneath these scoriæ have lain in a dormant state for at least 1500 years the seeds of a papaveraceous plant, of the genus *Glaucium*. But since the scoriæ have been removed to the furnaces, this plant has sprung up with its pretty yellow petals over the whole space which they covered. Unknown in modern times, it was described by Pliny and Dioscorides, and had disappeared from the face of the globe for fifteen or twenty centuries.—*Med. Times and Gaz.*, July 17, 1875, from *L'Union Méd.*, July 6.

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A Dwarfish Race.—The general report of the operations of the Great Trigonometrical Survey of India during 1873–74 contains an account of an interview which Mr. Bond, one of the staff, had with a couple of the wild folks who live in the hill jungles of the western Ghâts, to the south-west of the Palanei hills. A strange dwarfish people had often been heard of as frequenting the jungles near the station of Pémalei, in the north-west corner of the Tinnevelly district, but until Mr. Bond caught these two specimens no trace of them had been seen by the members of the Survey. These two people, a man and a woman, believed themselves to be a hundred years old, but Mr. Bond supposes the man to be about twenty-five, and the woman eighteen years of age. "The man," Mr. Bond states, "is four feet six and a half inches in height, twenty-six and a quarter inches round the chest, and eighteen and a half inches horizontally round the head over the eyebrows. He has a round head, coarse, black, woolly hair, and a dark brown skin. The forehead is low and slightly retreating, the lower part of the face projects like the muzzle of a monkey, and the mouth, which is small and oval, with thick lips, protrudes about an inch beyond his nose; he has short bandy legs, a comparatively

long body, and arms that extend almost to his knees; the back just above the buttock is concave, making the stern appear to be much protruded. The hands and fingers are dumpy and always contracted, so that they cannot be made to stretch out quite straight and flat; the palms and fingers are covered with thick skin (more particularly so the tips of the fingers), and the nails are small and imperfect; the feet are broad and thick skinned all over; the hairs of his moustache are of a grayish white, scanty and coarse like bristles, and he has no beard. The woman is four feet six and a half inches in height, twenty-seven inches round the chest (above the breasts), and nineteen and a half inches horizontally round the head above the brows; the colour of the skin is sallow, or of a nearly yellow tint; the hair is black, long, and straight, and the features well formed. There is no difference between her appearance and that of the common women of that part of the country. She is pleasant to look at, well developed, and modest. Their only dress is a loose cloth, and they eat flesh, but feed chiefly on roots and honey. They have no fixed dwelling places, but sleep on any convenient spot, generally between two rocks or in caves near which they happen to be benighted. They make a fire and cook what they have collected during the day, and keep the fire burning all night for warmth and to keep away wild animals. They worship certain local divinities of the forest—Rákas or Râkári, and Pé (after whom the hill is named, Pémalei)." The woman cooks for and waits on the man, eating only after he is satisfied.—*London Med. Record*, July 15, 1875.

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Dr. Fleetwood Churchill of Dublin.—We learn, from the *Medical Times and Gazette* (July 3, 1875), that this eminent physician has retired from the active practice of his profession to which he has been so long an ornament. He seeks for the repose which many years of unceasing toil have earned, in a country home far from "the busy haunts of men"—Ardtrea Rectory, Stewardstown, Co. Tyrone. Dr. Churchill's retirement was graced by a generous gift to the King and Queen's College of Physicians, on his own part, and on that of his son, Dr. Fleetwood Churchill, Jun., of the valuable obstetrical library he had collected during his lifetime. The President and Fellows, recognizing the value of the gift and the generosity of the donors, have resolved to place a portrait of their ex-President and Fellow in the College Hall.

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Obituary Record.—Died, in England, July 23, aged 76, Sir Charles Locock, Bart., M.D., D.C.L., F.R.S. Dr. Locock was physician-accoucheur to the Queen and attended her at the birth of her nine successive children. He filled the first place in his branch of the profession, and was justly held in the highest esteem. He retired from practice nearly twenty years ago.

—— at Torquay, July 20, 1875, Dr. Peter Mere Latham, M.D., aged 86, Physician Extraordinary to the Queen, and formerly one of the physicians to St. Bartholomew's Hospital. He had long since retired from practice.

—— at Tunbridge Wells, August 3, aged 74, John Churchill, the eminent medical publisher of London. To the profession on this side of the Atlantic, Mr. Churchill was well and favourably known by the numerous valuable medical works which bear his imprint, and to his discernment and enterprise it is indebted for the writing of some of our most highly esteemed text-books. In the fifty-four years of his entire business life Mr. Churchill found numerous warm friendships in the profession, and for many years his store was the daily social rendezvous of medical men. His interest in the profession is shown by his liberal bequest of twenty-five hundred dollars to the Royal Medical Benevolent College, Epsom, and a like sum to the Medical Benevolent Fund.

Mr. Churchill left three sons. The two eldest succeeded him in business at the close of 1870, and his youngest is a practising physician in London.

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Dr. Chambers is one of our most charming medical writers, as every reader of his other works will readily testify; but in this work, intended more for the general reader, he has surpassed himself. He has shown us in these pages that he is not only a clever and learned physician, but a man of the broadest literary culture and refinement. Such books by such men will do incalculable good, both in the profession and out of it.—*St. Louis Clinical Record*, July, 1875.

This book, on one of the most important subjects that can claim our attention, like all the works of this distinguished author, is replete with interesting matter, gotten up in pleasant and familiar style. After discussing the theory of dietetics, he takes up the choice of food. He discusses that subject admirably and sagaciously. Then comes a most excellent chapter on the preparation of food. This is an important chapter. How much distress and suffering might be avoided by attention to hints here given! and how much pleasure and comfort might be gained! The chapter on Digestion is judicious. In the chapter on Regimen of Infancy and Motherhood is contained many important suggestions. But to the physician the latter part of the book is the most interesting, because it treats of dietetics in sickness. In this part of the work our author is very full and explicit. A perusal of this part of the work alone will amply repay the practical physician for his outlay of money and time. We advise our readers, if they wish to be instructed and edified, to procure this "Manual of Diet" at their earliest convenience.—*Nashville Med. and Surgical Journal*, August, 1875.

This book, like all those written by this well-known author, is distinguished by a vivacious and more familiar style than the ordinary text-books. It is also characterized by an originality and keenness of observation for which Dr. Chambers is so justly celebrated.—*Boston Med. and Surg. Journal*, July 1, 1875.

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VOL. XXXIII. OCTOBER, 1875. No. 394.

CONTENTS.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Convulsions due to Morbid Conditions of the Uterus in the Non-puerperal State 145

HOSPITAL NOTES AND GLEANINGS.

Retention of Urine from Laceration of the Urethra; Catheterism; Good Results . 150

Cases of Fissure of the Anus successfully treated in Middlesex Hospital, under the care of Dr. Arthur Edis 151

MEDICAL NEWS.

Original Articles—Extraction of a Sewing Needle supposed to have been swallowed, from the Side of a Child 152

Method of Disguising the Taste of Cod-liver Oil 153

Domestic Intelligence—Hot Packing in Acute Rheumatism 153

An Eighteen-Pound Baby 153

Alabama Medical Association . . . 153

Dr. Fordyce Barker 153

Proprietary Medicines 153

Obituary Record 153

Foreign Intelligence—Parenchymatous Hepatitis 154

Ether Inhaled directly into the Larynx without causing Bronchial or Laryngeal Disturbance 154

Adams's Subcutaneous Division of the Neck of the Thigh-bone 154

New Method of treating Varicose Veins . 154

Catheterism of the Ureters 155

Intravenous Injection of Chloral . . . 155

Action of Compressed Air 156

Triplet Births 156

Intestinal Secretion 156

Protoplasm and Adipocere 157

A New Histological Process for Staining Tissues 157

Committee on Anæsthetics 157

Completion of the Metropolitan Main Drainage 157

Snake Bites 158

Cholera in the Hill Stations in India . . 158

The British Medical Association . . . 158

French Association for the Advancement of the Sciences 158

The Case of Louise Lateau 158

Prof. Wurtz 159

The Journal of Anatomy and Physiology . 159

Obituary Record 159

STOKES ON FEVER . . . . . 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Convulsions due to Morbid Conditions of the Uterus in the Non-puerperal State. By GRAILY HEWITT, M.D., Prof. Midwifery and Diseases of Women in University College, etc.

GENTLEMEN: In regard to the connection between certain morbid conditions of the uterus in the non-puerperal state and the occurrence of convulsions, the subject to which I intend to direct your attention on this occasion, it may be said that comparatively little of a positive character is known. You are well aware that convulsions may be produced in two principal ways, and they have accordingly been divided into two classes—namely, centric and eccentric. The convulsions produced by the uterus come under the latter category; they are eccentric.

In considering this subject, let me remind you, in the first place, of the fact, very well known, that the sympathy existing between the nervous system of the uterus and the general nervous system is of the most intimate possible character. Of that we have abundant evidence. A remarkable instance of this is the fact that in the course of labour, if the patient be frightened, the labour may be altogether arrested for a time; and, conversely, a sudden fright may be the means

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of bringing on the process of labour. Again, sickness, a frequent attendant on pregnancy, is a sympathetic result of the condition then present. Sympathetic "uterine" sickness may occur also at other times, for it may be produced by certain morbid conditions of the uterus. It is, in short, one of the most common symptoms of uterine disease.

The occurrence of convulsions, as due to the uterus in the non-puerperal state, must be set down to the existence of some irritation in the uterus itself, this irritation acting in a reflex manner. The fact that the uterus itself can, in the non-gravid condition, give rise to convulsions is, it may be said, one which is not generally received and admitted. And, further, in quarters where so much as this is received and admitted, it has not yet been pointed out what is the nature of that irritation in the uterus which can and does give rise to these convulsions. This subject has for a long time occupied my attention, and, having seen a considerable number of cases, I feel now in a position to express a very decided opinion upon it. I entertain the belief that there is a very well established connection between the occurrence of convulsions and the existence of certain morbid conditions of the uterus.

The convulsions of which I am about to speak include those convulsive attacks which are ordinarily known and spoken of under the term of hysterical convulsions, and they include certain other cases of convulsions which lie in a sort of intermediate position between the hysterical and the true epileptic convulsions, and which may, for the want of a better term, be spoken of as epileptiform. But the great majority of these cases are such as have been distinguished as hysterical. I do not intend, on this occasion, to discuss the general question of hysteria, but simply to deal with the convulsive attacks observed. A case recently under my observation in this hospital will form the text of my remarks, which will be limited to the facts noted in this particular case.

CASE.—*Acute Anteflexion of the Uterus, probably of one year's duration; Convulsive attacks occurring frequently during that time.*—The case more fully reported is as follows: L. F——, thirty years of age, admitted Nov. 15th, 1874. Married six years; has had one child only, four years and a half ago; no miscarriages. Respecting the family history, it is stated that her mother is alive, and has had a paralytic seizure, from which she has recovered. The patient was always delicate, but enjoyed fairly good health until the present illness. The catamenial discharge was pretty regular until three months ago, since which time it has not appeared. Quantity generally above the average. It was not attended with pain. Her health was good until twelve months ago. About this time the patient was engaged for some six weeks in nursing and closely attending upon her sick child; she attended it both day and night. To the nursing of the child and this considerable bodily exertion the patient attributes her illness. The illness began very shortly after the recovery of the child. It commenced with an attack which was denominated a "fit." This came on in the morning. She lost her consciousness for a second, was convulsed, and, on recovery, ran in a state of alarm into an adjoining room. Since that time, except an interval during last summer, she has had fits occurring once, twice, or three times a day, lasting for a brief space, and not generally accompanied with loss of consciousness. For a moment or two after the attacks her eyes are affected, and she "sees things before her eyes" and has "dreadful things on her mind." Sometimes she is unable to see for a few minutes. She does not fall down during the fit, nor does she bite her tongue. The fits occur most frequently at night. Lately, since menstruation has ceased—that is to say, for the last three months, the fits have become more intense. She has somewhat emaciated. A short time after the commencement of her illness she was under treatment at another hospital, where the attacks were pronounced to be epileptic. Since menstruation has ceased there has been more or less leucorrhœal discharge, sometimes puriform in character; and this was observed first when menstruation should have occurred but

did not. For the last few weeks she has felt shooting pains in the left groin. A walk across the room is attended with difficulty. Intercourse gives rise to pain. A few days after the admission of this patient into the hospital, on November 18th, the catamenia returned, after three months' cessation, and continued for two days.

Up to the time of my first examining the patient (Nov. 30th) there had been no alteration in regard to the occurrence of the convulsive attacks, which, as I before remarked, occurred one, two, or three times in the course of twenty-four hours. On Nov. 30th I first made the examination, and on that occasion it confirmed the result of an examination which had been previously made by Dr. Williams and by the obstetric assistant. The result was that the uterus was found anteflexed. The uterus was large, anteverted, and extremely anteflexed, the fundus being low down between the cervix and the pubic bones. By the aid of the sound, the introduction of which was extremely difficult, in consequence of the sharpness of the bend of the uterus, the uterus was restored to its natural position. It may here be mentioned that the patient herself had supposed that she was pregnant, but it was not so. The diagnosis was expressed in the following terms: In consequence of severe and long continued exertion in nursing her sick child, the patient became the subject of anteflexion of the uterus; the anteflexion had since progressively increased in intensity, and the attacks of convulsion, together with the arrest of the catamenia, are due to this condition of the uterus. Up to this time, as already remarked, since the patient entered the hospital the fits had continued as frequently as before admission. After replacement by the sound the uterus was treated by inserting a cradle pessary, so as to elevate the fundus uteri, and so maintain it in that elevated position. The satisfactory accomplishment of this object, the elevation of the fundus uteri, was more than usually difficult in consequence of the size which the fundus of the uterus had attained.

The subsequent history of the case is as follows: Dec. 1st. No fits in the night; one this morning, but less severe. 2d. Five slight fits during the night. 3d. Two slight fits this morning; severe pain in left groin last night, and this morning catamenia reappeared. 4th. No fits or peculiar sensations; catamenia continues. 5th. A slight fit yesterday afternoon, also two slight ones in the night. 6th. No fits. 7th. No fits. 8th. One in the night. 9th. No fits. 10th. One fit and two "peculiar sensations" last night. 11th. No fits. 12th. No fits. 13th. One fit last night. 14th. No fits. 16th. "Peculiar sensations" last night. 17th. Ditto. 18th. One fit. 19th. No fits. 20th Two "peculiar sensations." 21st. Ditto. 22d. One rather severe fit with "sensations." 24th. No fits. 27th. No fits or sensations. Jan. 5th, 1875 (twelve days since the last report). A bad fit last night. 9th. Catamenia returned. 13th. Catamenia continues, discharge very profuse, and coming in gushes. 15th. Period ceased, and the patient was allowed to get up, having been kept in the horizontal position until this time. 18th. Not quite so well; had a fit this morning; has been up each day for the last three days. 19th. Another fit this morning. 21st. No fit for two days. 22d. Discharged.

During the whole of the patient's stay in the hospital the only treatment to which she was subjected was the use of the sound on one occasion, the wearing of the "cradle" pessary, and the maintenance of the body in the horizontal position. The legitimate deduction to be drawn from the foregoing statement is, that the treatment adopted had a very decided influence in alleviating the principal symptom, viz., the convulsions, from which the patient was suffering. There can be very little doubt of that. Before the time of the commencement of the treatment the fits occurred frequently every day, while under this treatment they were not altogether abolished, but very much lessened in degree and frequency. The treatment virtually consisted in straightening the uterus. The mechanical appliance used had the simple effect of preventing the descent of the fundus uteri anteriorly, the organ being thereby straightened.

In the next place, I will proceed to explain what I believe to be the connection between the malady in question and the occurrence of the convulsive attacks. The case was one of very acute anteflexion of the uterus. When the uterus is actually bent on itself, as in this case, one physical result is inevitable, namely, that the tissues of the uterus are excessively compressed, especially on the concave side of the bend. The thickness of the uterine wall at the situation where the bend ordinarily occurs, viz., at the junction of the cervix and the body, corresponding to the internal os uteri, is not so great as above that point, but still it is considerable. The tissues of the uterus at this situation necessarily undergo compression, as the result of the acute flexion which is present under these circumstances. The result is that the blood is forced out of the tissues of the uterus at the situation in question by the action of this compressing agency. And inasmuch as the uterus is everywhere pervaded by nervous filaments, these delicate structures become also subject, like the other tissues of the organ, to forcible compression. In proportion as the flexion becomes increased in intensity so does the compression increase in degree. It is this compression of the nervous filaments of the uterus which constitutes, in my opinion, the irritation of the uterus which gives rise to the symptoms in question, and which, in fact, produced the convulsions in the particular case above described. It is one of the facts in this case that the fits were often worse at night. This is to be accounted for, I believe, by the change in the position of the uterus produced by the recumbent posture. Another explanation may be given of the connection between the flexion and the occurrence of convulsions, and it is this: that, inasmuch as the fundus of the uterus becomes acutely congested from time to time, as the result of this flexion, the convulsions are produced by and as the result of that acute congestion. It would be quite reasonable to suppose that acute congestion of the fundus of the uterus might cause such irritation of the organ as to give rise to convulsions. One of the most important effects of flexion of the uterus is the occurrence of congestion of the two extremities of the uterus, the fundus and cervix uteri. Doubtless, in this very case such congestion was present, and was intensified from time to time by the change of position of the patient. I, however, entertain the belief that the compression of the nerve-tissues, as well as compression of the tissues of the uterus generally, is really the starting-point of the irritation which exists.

It has been a maxim with almost all writers and observers who have been really acquainted with diseases of the generative organs in the woman, that marked hysteria is connected in some way with disease of the uterus; but the precise nature of that uterine disorder, and the mechanism of the process by which the symptoms are produced, have never been satisfactorily described. My own observation has led me to the conclusion that marked flexion of the uterus exists in all cases of severe repeated hysterical attacks. This is the theory I advanced in the last edition of my work on Diseases of Women, published in 1872. At this moment I desire, however, to limit myself to the consideration of the nature of the convulsive seizures incidental to hysteria.

Respecting the truth of the theory now put forward confirmatory evidence is by no means wanting. Niemeyer, whose facts are generally considered as reliable, and who was certainly not disposed to attach an undue importance to these special uterine disorders, says that flexions, more than any other of the disorders of the uterus, give rise to hysteria. This is an exceedingly valuable statement, coming as it does from a distinguished modern pathologist. It is, in fact, a piece of evidence from the opposite camp, so to speak, and is important as bearing out my view of the case. The further arguments I submit are as follows: In the first place, there is the *à priori* argument. It is reasonable to suppose that compression of the uterine tissues, involving as it must do compression of the nervous filaments, may produce such irritation as to give rise to convulsions. It does not, however, at all follow that such compression will always produce convulsions. It would be

as reasonable to find fault with the theory that convulsions are sometimes due to the presence of worms in the intestinal canal, because these entozoa do not invariably give rise to convulsions. No one, however, doubts the connection between these two events. It is therefore not a sufficient reply to this statement to say, that if this theory were true convulsions would always occur when compression of the uterine tissues is produced. The clinical arguments in favour of this view seem to me to be overwhelming. I have seen a considerable number of cases in the course of the past few years where convulsions of the kind described have actually ceased when the flexed uterus was so treated as to diminish or remove the compression existing at the seat of the flexion. And in all such cases I have observed that this kind of treatment produced a very marked effect even when it did not succeed in at once removing the attacks. This is an important argument. Another is, that the position of the body, or any exertion which has a tendency to aggravate the flexion, invariably aggravates and intensifies the convulsions. I could relate many instances where this interesting fact was observed. Thus, in one case of severe retroflexion, giving rise to convulsions, the attacks instantly ceased when the patient was made to lie on her face, this improvement being in that case effected without any other mechanical treatment of the uterus whatever. In another case, that of the wife of an Indian officer, in whom the convulsive attacks were produced by anteflexion of the uterus, they invariably occurred when the patient was sitting upright at the dinner table, that being the only time of the day when they did occur. The sitting position increased the anteflexion, and thus gave rise to the convulsions. These are typical instances, but I could mention several such cases. A further argument is the effect of measures having a more direct curative action upon the flexion, and which have been employed with the idea of restoring the uterus to its proper shape. I mean the employment of the sound and the use of pessaries in order to restore the uterus to its true natural shape. I now state that the effect of these measures has been, clinically, to give proofs, over and over again, of the validity of the position which has been taken up, inasmuch as the convulsions, or the tendency to convulsions, have always been influenced favourably in direct proportion to the degree in which the flexion has been favourably acted upon. Another argument which I have to submit to you is the result of very careful exploration of the uterus in many of these cases, an exploration made by the finger and the sound. It will be found in these cases that the introduction of the sound, if properly managed, gives no pain to the patient until it reaches the situation where the flexion exists. When the sound has been introduced a distance of one inch into the cervical canal, its point comes in contact with that part of the uterine wall which is the seat of the compression; and invariably it is found, under these circumstances, that the patient experiences very great pain when that part is touched by the point of the sound. After the point has passed through this strait, and when passed beyond the site of the flexion, there is no more pain felt by the patient. But the mere touch of the point of the sound on the uterus in this situation always gives rise to extreme pain and evidence of extreme sensitiveness. It requires that the examination should be conducted with great care in order to give this result, because it generally happens in these cases that the uterus as a whole is also sensitive to the touch. But by carefully conducting the examination you will be able to define those parts which are so very sensitive to the touch.

This theory, which has now been brought under your notice, that the convulsive seizures in the case above detailed and in similar cases are traceable to the compression of the tissues of the uterus, is not, then, a fanciful one; it rests upon observations made carefully and repeatedly. And it is quite certain, to my mind, that its truth will be confirmed by all careful and unprejudiced observers. The uterus in its normal and healthy condition is very little sensitive to the touch, and little liable to give rise to reflex dis-

turbances; but the clinical evidence is to the effect that its sensitiveness to the touch, and what may be termed its "reflex sensitiveness," are very much increased by compression arising from the alteration of the shape of the uterus, and especially that alteration which is now so generally known under the term of flexion of the uterus. These reflex disturbances are many in number, and the liability to convulsive attacks is simply one of them. The case which has been brought before you is one of anteflexion, but I have seen very severe convulsive attacks occur in cases of retroflexion, and it appears that they are liable to occur in a more *severe* form in cases of retroflexion. The degree of the flexion is liable to be greatest in cases of retroflexion, and hence the severity of convulsions due to it will be greater than in the case of anteflexion.

Time will not permit me to enter on the details of treatment applicable to such cases as the above, but I have endeavoured to give sufficient indications as to the principles which must constitute the basis of the treatment.—*Lancet*, Aug. 7. 1875.

HOSPITAL NOTES AND GLEANINGS.

Retention of Urine from Laceration of the Urethra; Catheterism; Good Results.—Charles O'H., æt. seven, was admitted into West London Hospital on the night of June 18th, suffering from retention of urine. Whilst the lad was riding on the back of a cart he fell off, about 4 P. M., became engaged in an altercation with the driver, and was knocked down and run over. Some blood escaped from the boy's penis, and he was afterwards unable to make water. When the patient was seen by Mr. Teevan the bladder was greatly distended, there were a few bruises on the right hip, and some blood-stains on the shirt. Mr. Teevan tried to introduce a small olivary elastic catheter, but failed. He then took No. 11 (French gauge) metal catheter, and by keeping the instrument well pressed against the roof of the urethra, and tilting up the point with the left forefinger in the rectum, succeeded in passing it into the bladder. When all the urine had flown out he cut off three inches of the shaft of the catheter, and tied the instrument in. Some ecchymosis appeared in the perineum on June 21st, and on the following day Mr. Alderton, the house-surgeon, withdrew the catheter, which had been borne very comfortably. On June 27th and 30th No. 11 metal catheter was passed, and again on July 3d, on which day all ecchymosis had disappeared from the perineum. On July 7th, 12th, and 14th No. 15 metal was introduced, and on July 15th the boy was discharged quite well, passing a good stream of urine. Mr. Teevan, on July 17th, introduced No. 15 for the first time without the aid of the finger in the rectum. Soft catheters failed every time they were tried.

Case 2. Thomas W., æt. thirty, a boot-clicker, was admitted into the hospital on June 20th, suffering from retention of urine. At 11 P. M. the previous night he was kicked in play in the perineum by a comrade who had only his stockings on his feet. The patient experienced much pain at the time, lost about half a pint of blood from the urethra, and was not able afterwards to make water. At 3 P. M. Mr. Teevan took a No. 15 olivary elastic catheter, passed it into the bladder with ease, and drew off a large quantity of urine, but did not leave it in, as the man could not enter the hospital till night. At 7 P. M. the patient was admitted. There was much blood on his shirt, and considerable fulness in the perineum, which was painful when pressed. At 11 P. M. the house-surgeon, Mr. Alderton, tried to pass a metal catheter, as the patient wanted to be relieved, but the instrument would not go. He then took a No. 11 (French gauge) olivary elastic catheter. and, having passed it with ease into the bladder, he drew off the urine and tied the instrument in. The catheter was retained for forty-eight hours, and after its withdrawal the patient had no further attack of retention. On July 1st Mr. Alderton passed No. 15 elastic catheter, and on July 3d No. 16 was introduced by Mr. Teevan, and on July 7th and 10th No. 17 by Mr. Alderton. On July 12th Mr. Teevan passed No. 18, and the patient left the hospital the following day quite

well, and able to pass a good stream of urine, which he had been unable to do for some years, as he had suffered much from stricture. On July 17th the man came to the hospital, when he was instructed in catheterism, and was enabled to introduce No. 18 soft catheter with ease for himself, and without drawing a drop of blood.

Mr. Teevan remarked that there were several points of interest in the above cases. Both patients had met with similar accidents. How was it, then, that metal instruments only could be passed in one instance, whilst in the other elastic catheters only could be introduced? These very facts establishd the diagnosis of the seat and particular form of laceration that had occurred in each case. M. Auguste Mercier had laid it down that if a laceration or false passage existed in the floor of the deep portion of the urethra, a curved metal catheter ought to be passed, as it could be made to hug the roof of the urethra, and so avoid slipping into the cul-de-sac in the floor. If, on the contrary, the laceration were in the roof, a straight elastic catheter ought to be introduced, as it always tended, when passed, to keep to the floor of the urethra, and would thus escape becoming locked in any rent in the roof of the canal. Inasmuch as in the case of the boy a metal catheter only could be introduced, it proved that the urethra had been torn in its floor, whilst the fact of an elastic catheter only being able to be passed in the man showed that the urethra had been torn in the roof. But how was it that the roof of the man's urethra had given way rather than the floor, which was the spot where the violence was applied? In all probability the following was the explanation. For some time the man had suffered from stricture in the deep portion of the urethra. Now, as a rule, in that complaint the floor was far more affected than the roof—*i. e.* the former was much thicker and stronger than the latter; hence, therefore, when the man was struck in the perineum, the weakest portion of the urethra, which was the roof, gave way rather than the floor, which was much stronger. The cases showed that soft and metal catheters had each their spheres of action, though, as a rule, if the urethra were completely torn across, a small olivary catheter would be found more likely than any other instrument to pick up the distal end of the divided canal. The treatment of a lacerated urethra was similar to that of a fractured bone. In each instance a splint was required to keep the ends of the thing torn in apposition, and in the instance of a lacerated urethra, the catheter acted as a splint. The retention of a metal catheter was always objectionable, as it tended to produce ulceration at some spot or other. Hence the less of the instrument that actually projected in the bladder the less chance would there be of cystitis. In order to carry out this object, several inches of the metal introduced in the boy's case had been cut off, leaving no more than was actually necessary to project in the bladder.—*Lancet*, August 21, 1875.

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Cases of Fissure of the Anus successfully treated in Middlesex Hospital under the care of Dr. Arthur Edis.

Case I. *Fissure of the anus; supposed uterine disease; division; complete recovery.* —S. W——, aged twenty-one, married two years; one child, aged seven months, Ever since her confinement the bowels have been very confined, often going a whole week without acting. For the last five months she has taken two or three teaspoonfuls of castor oil every morning. She experienced severe agonizing pain on defecation, the pain lasting the greater part of the day, and quite unfitting her for her household duties. A medical man had been in attendance for several months, and had treated her for an affection of the womb, only lately having had any suspicion that something was wrong with the bowel, when two leeches were applied to the anus, but no examination made. The patient had been confined to bed for nearly three months. Having heard the above history, the lower bowel was carefully examined, and on passing the left forefinger a hard, exquisitely sensitive fissure on the posterior aspect was de-

tected. As the patient was exceedingly nervous, and the examination caused much pain, a small quantity of chloroform was given, and the fissure divided by means of a blunt-pointed bistoury. Oiled lint and opium suppository were inserted, and the bowels relieved on the third day without any pain whatever. Attention to the state of the bowels caused great improvement in the general health. After the first few days the patient had no return of the symptoms, and recovered perfectly.

Case II. *Fissure of rectum; supposed piles; operation; recovery.*—E. E——, aged twenty-five, single, presented herself, complaining of certain uterine symptoms, together with severe pain in defecation, which had been present during the last two years. The bowels were habitually constipated, the patient frequently allowing a whole week to elapse without their acting—in fact, the pain was so severe "she never went unless she was absolutely obliged," as "the agony was so excruciating," becoming worse and worse an hour or so after the bowels acted, the pain often lasting for twenty-four hours, and the motion being streaked with blood.

On examination, a small condylomatous growth at the anterior margin of the anus was detected, which the patient stated she had regarded as a pile, and had had ointment prescribed for it, though she had never been examined. On inserting the finger per anum, a fissure was found extending up an inch or more into the bowel from the growth externally; considerable pain was complained of at the time, and the finger on withdrawal was streaked with blood.

The growth was at once removed by the aid of curved scissors, and the fissure divided along the base by means of a bistoury. Oiled lint was inserted, and a mixture of sulphate of magnesia and sulphate of iron prescribed, to insure regular action of the bowels, a soothing lead lotion being also ordered. The pain on defecation gradually disappeared, and the patient recovered perfectly within a few weeks.

The case is of interest, as the patient had been seen by several practitioners, who treated her for piles on her own representation, without ever confirming or upsetting the patient's own diagnosis by means of an examination. She had been doctoring, on and off, for nearly the whole of the two years during which she had been suffering.

In place of confining the bowels by means of opium subsequently to the operation, as usually advised, a tonic aperient mixture was prescribed, and regularity of the bowels thus insured.—*Lancet*, August 28, 1875.

MEDICAL NEWS.

ORIGINAL ARTICLES.

Extraction of a Sewing Needle supposed to have been swallowed, from the side of a child. By S. N. Marshall, M.D., of Jeffersontown, Ky.—A colored boy, five years old, began, about the first of Sept. 1872, to complain of pain in stomach and bowels which was worse about two or three hours after eating. Various remedies were prescribed, from which he obtained no benefit. Subsequently vomiting occurred whenever food was taken. There was great loss of flesh and strength; the abdomen became tympanitic and stomach tender under pressure, especially to the right side.

1873, *Jan.* 5. Not vomited so frequently since Jan. 3d; pulse 120.

8*th.* Vomited but once; pulse, 112; bowels opened last night; took an ounce of milk-punch, retained it.

11*th.* No vomiting; takes milk-punch every two hours; less tenderness over stomach.

15*th.* Bowels acted twice; semifluid; no vomiting nor sick stomach; very little pain over the stomach; slight tenderness over gall-bladder; pulse, 108.

18*th.* No vomiting; pain over liver and tenderness greatly increased; loss of appetite; eyes and edges of tongue yellow.

24*th.* Pain and tenderness; jaundice much better; appetite better; bowels acted twice; bilious; continued.

26*th.* Pain and tenderness increased; all the other symptoms improved; appetite good and food retained; found a promi-

nent point over gall-bladder very tender to the touch; directed warm poultice to that; discontinued all other remedies.

Feb. 3. Better; prominence very distinct; by pressure could feel a hard point which was intensely painful on pressure. Being satisfied there was some foreign substance in the swelling I gave him chloroform, made an incision near the hardened point; introduced a small curved forcep and easily seized hold of and removed a sewing needle 1½ inch long with about two inches of white thread in the eye of the needle.

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Method of disguising the Taste of Cod-liver Oil.—Dr. F. Gundrum, of Ionia, Mich., sends us the following formula for this purpose. "Make an emulsion with the syrup of lacto-phosphate of lime, or, if this be objectionable, make an emulsion with gum arabic and flavor it with the oil of juniper berries (5 to 40 drops) to the ounce of emulsion."

DOMESTIC INTELLIGENCE.

Hot Packing in Acute Rheumatism.—This mode of treatment has been adopted in Mount Sinai Hospital, and apparently with marked benefit. It consists in packing the patient with blankets wrung out of hot water, and changed as often as their temperature falls. In one case, where the disease had invaded every joint, the patient was relieved in eight hours. The rheumatism shows a tendency to recur, and when it does the packing is practised as at first. Local packings are also used with benefit. The results obtained are fully equal to those obtained from cold packings and the use of ice, and have the advantage of not skocking the feelings of the patient's friends.—*New York Med. Journal*, Sept. 1875.

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An Eighteen-Pound Baby.—Dr. O. O. Burgess records (*Pacific Med. Journal*, Sept. 1875) a case of labour which resulted in the birth of a baby weighing eighteen pounds. The head was delivered with the forceps, but great difficulty was met with the shoulders; this was overcome, and the delivery completed. The child, a female, was born asphyxiated but was revived.

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Alabama Medical Association.—The annual session of this society was held in Montgomery, April 13th, 14th, and 15th. The next meeting will be held in Mobile on the second Tuesday in April. The following officers were elected: President, Dr. J. J. Dement, of Huntsville; Vice-Presidents, Dr. P. Boyce, of Tuscaloosa, and Dr. T. M. Peterson, of Greensboro; Secretary, Dr. B. A. Riggs; Treasurer, Dr. N. C. Jackson.

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Dr. Fordyce Barker.—During his recent sojourn in London, Dr. Fordyce Barker, of New York, was invited to participate in the exhaustive debate on puerperal fever then in progress before the Obstetrical Society, and delivered an able exposition of the relation of puerperal fever to the infective diseases and pyæmia.

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Poprietary Medicines.—The *Pharmacist*, published by the Chicago College of Pharmacy, and edited by Albert E. Ebert, has been doing a valuable service to the community by publishing the analyses of a number of proprietary medicines which have been extensively advertised in various *medical* journals, and their extraordinary claims endorsed even by the editors of some of those journals.

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Obituary Record.—Died at Winchester, Va., August 9th, 1875, Dr. Hugh Holmes McGuire, in the 75th year of his age. Dr. McGuire was one of the most eminent surgeons of his State, he was greatly esteemed, enjoyed an extensive practice, and was professor of surgery in Winchester Medical College, of which he was the founder.

——, at Brookline, Mass., on the 13th Sept. 1875, Stephen Salisbury, M.D.; a practitioner who was highly esteemed by those who knew him, and distinguished for his courtesy, modesty, and faithful devotion to his profession.

FOREIGN INTELLIGENCE.

Parenchymatous Hepatitis.—At a recent meeting of the *Société de Biologie*, M. Cornil gave an account of the changes met with in the livers of patients who had died from parenchymatous hepatitis supervening in the course of puerperal fever, leukhæmia, typhoid fever, and variola. In all these cases he found similar changes to those which he had previously described as taking place in cirrhosis. The smallest biliary capillaries were filled with epithelial cells, finally obliterating the channels altogether. These changes being most marked in the peripheral ducts of the lobule, it is easy to account for the production of jaundice in these cases, the bile contained in the central canaliculi not being able to escape into the interlobular ducts. It will be seen that this explanation of the occurrence of jaundice in febrile affections is based on the view of there being mechanical obstruction to the outflow of bile; and whereas this obstruction is usually attributed to catarrh of the larger hepatic ducts, it is, on these researches, simply placed further back, viz., in the periphery of the lobules themselves.—*Lancet*, Aug. 21, 1875.

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Ether inhaled directly into the Larynx without causing Bronchial or Laryngeal Disturbance.—Dr. James More relates (*Lancet*, September 4th, 1875) the following case illustrative of this:—

"Two years ago I had occasion to operate on a woman into whose larynx I had one year previously introduced an ordinary tracheotomy tube for organic stricture. As she was reduced to the last verge of weakness, it was decided to administer ether. This was given through the tracheal tube, by means of a cone of stiff paper and a sponge. It acted beautifully, sleep—calm, peaceful sleep—being at once induced. The pulse, from being quick, small, weak, and rather irregular, became slow, full, and vigorous—just such a pulse, in fact, that gives to the country surgeon perfect comfort and confidence. In this case the vapour must, of course, have entered the larynx directly, yet it did not seem to cause the slightest irritation, as there was neither gasping, coughing, nor other symptom of laryngeal disturbance. As the tracheotomy tube had been in one year, it is just possible the mucous membrane of the air-passages had become less sensitive. Be this as it may, the fact stands prominently forward that the ether vapour did its work efficiently, safely, and with apparently less discomfort to the patient than if it had been given by the mouth."

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Adams's Subcutaneous Division of the Neck of the Thigh-bone.—Dr. Edw. Lund communicated to the Surgical Section of British Med. Assoc., a case in which both hip-joints were ankylosed in the straight position, so that the patient could not sit down. Subcutaneous division of the neck of the thigh-bone was first performed on the left side, and twelve weeks afterwards on the right side. The result of the operation was, that the patient acquired excellent power of motion in both hips; he could support the weight of his body on either leg; and he had greatly improved in all respects. Mr. William Adams (London) felt sure that no one could congratulate Mr. Lund more than himself in having been so fortunate as to obtain useful mobility at both points. He had aimed at such results, but without getting them. In his own cases, there had been extreme deformity, where motion could not be obtained even when the patient was under chloroform. In about twelve or fifteen cases now operated on, there had been only one failure, and it was in St. Thomas's Hospital, where the patient was a strumous child, with little ankylosis. As a rule, the cases to be operated on were, beginning with the best, rheumatic, pyæmic, traumatic, and scrofulous. The last should be excluded. If the cases were carefully selected, the results would be good. Mr. Bryant had operated on two cases, with successful results.—*British Med. Journ.*, Aug. 28, 1875.

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New Method of treating Varicose Veins.—M. Rigaud, Prof. at the School of Medicine at Nancy, lately brought to the notice of the Surgical Society of Paris a new method of treating varicose veins.

For nearly a quarter of a century M. Rigaud practised cauterization with the Vienna paste, with the view of producing obliteration of the vein, and obtained a fair amount of success. He noticed, however, that on exposing the vein, in order to apply the caustic, the vein contracted to nearly half its diameter, and, at the same time, the external coat seemed to thicken and lose its transparency. This applied of course to all the vessels thus exposed to the air, and from it he argued that if such an effect is produced by simple contact with the air, it would be superfluous to apply any other remedy. He accordingly treated a certain number of cases in this way: after cutting down upon the vein, he isolated it from the surrounding tissue by passing a bit of tape or adhesive plaster around it, and thus left it exposed to the air. About the seventh day the vein becomes completely dry and obliterated; this portion then separates from the rest of the vein, and the wound in the skin, caused by the surgeon, heals rapidly. It sometimes happens that the rupture of the veins does not take place, but they are transformed into a mass of fibrous tissue. M. Rigaud performed the operation 151 times; 140 on the lower extremities, and eleven for varicocele. The immediate result had been so far a success that the veins were completely obliterated, but, unfortunately, he could not say whether in all the cases the cure was permanent. In fifteen, however, of those he had seen some time after, and on whom he had operated on the lower extremities, the cure was radical and definite; but in seven of these cases M. Rigaud observed the development of new varicose dilatations of the collateral branches as well as of the superficial veins of the skin.

This method of simply isolating the veins and exposing them to the air is, according to M. Rigaud, free from danger, and yet in his report he states that the "only" accidents he observed were phlegmonous inflammation limited to the tract of the vein, erysipelas of the skin, some cases of simple phlebitis, but never diffuse; accidents which are not generally fatal. In looking over his report, however, I find three fatal cases recorded; but these were attributed to accidents during the operation; in two cases rupture of a collateral branch took place during the separation of the vein, and in the third case death was caused by phlebitis and pyæmia resulting from a slight puncture of the vein with the point of the bistoury. M. Rigaud consoles himself, however, with the consideration that these three cases, far from being discouraging, go to show the excellence of his method, and that it is only when the veins are wounded, whether intentionally or otherwise, that there is any real danger, especially when the veins are already in a diseased condition.—*Medical Times and Gazette*, Aug. 28, 1875.

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Catheterism of the Ureters.—Prof. Simon, of Heidelberg, who has introduced the practice of passing the whole arm into the rectum, describes a not less adventurous, and more audaciously bold, procedure with respect to the ureters. In No. 88 of *Volkmann's Sammlung*, after describing the circumstances under which it is desirable to dilate the female urethra (so that the finger may be carried in and the bladder explored), and to perform the vesico-vaginal section, he states that this latter operation may be taken advantage of for catheterizing the ureters. He has himself done this seventeen times on eleven women, and has been enabled without the slightest difficulty to reach the pelvis of the kidney. As yet he has had no opportunity of employing this procedure in a case of disease, but believes it will be found useful in the diagnosis and treatment of calculous affections; calculi in obstructed passages might be extracted or cut out, and so forth.—*Med. Times and Gazette*, Aug. 28, 1875, from *Wiener Zeitung*, August 10.

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Intravenous Injection of Chloral.—M. Bouillaud communicated to the Academy of Sciences another case of anæsthesia induced by this method. The subject was a woman who for several years had suffered from trifacial neuralgia, and which

from being intermittent had become so constant as to almost entirely deprive her of sleep. Prof. Gintrac, Surgeon of the St. André Hospital at Bordeaux, after consulting with Prof. Oré, the originator of this method, resolved upon this mode of using chloral, in order to enable him to divide the nasal nerve. Sleep by its injection was procured in a few minutes, and was followed by complete insensibility, during which the operation was performed without any pain. M. Bouillaud stated that this made the thirtieth case in which this new mode of inducing anæsthesia had been successfully employed, Prof. Oré having himself had twenty-five cases under his care. In no case had death ensued. —*Med. Times and Gaz.*, August 14, 1875, from *L'Institut*, August 4.

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Action of Compressed Air.—M. Bert has shown, by a long series of experiments, that air compressed to a certain degree kills living beings in a very short space of time. This result, according to M. Bert, is due, not to the pressure of the air considered as a physico-mechanical agent, but to the tension of the compressed oxygen. These researches have led M. Bert to study the effects of compressed air on the different fermentations, and with this view he submitted fresh meat, beaten eggs, urine, wine, and milk, to a strong tension of oxygen, and the result has been that these substances have been kept in a perfect state of preservation. From these facts, M. Bert has decided the following conclusions, which he submitted to the Academy of Sciences. 1. Oxygen of high tension effectually stops the fermentation properly so-called, so much so that the process is not resumed on the restoration of the normal pressure; it kills all fermenting agents. 2. Its action on diastasic ferments is unappreciable; notwithstanding the presence of oxygen, they continue to be active for an unlimited period. It will be seen that this new method of analysis may be usefully applied to the study of the blood in malignant pustule or charbon, and the different viruses and venoms of infectious diseases.—*Brit. Med. Journal*, August 14, 1875.

Triplet Births.—M. Depaul lately submitted to the Academy the placenta of a triplet born at Bordeaux. The three children were females, and were, when the case was reported, still alive and in good health. The placenta formed one entire mass; the three cords were perfectly distinct, one was inserted in the centre of the placenta, another on the edges of this organ, and the third on the membranes. There were three amniotic pouches which were rather difficult to trace on the specimen; but according to the report of the medical gentleman who forwarded it, there were during parturition three distinct ruptures of the membranes, which took place before the birth of the children. By a remarkable coincidence, the Paris papers have reported that a *concierge* in the fourteenth arrondissement in Paris, has given birth to triplets, two boys and a girl. The mother is aged 35, and has been confined for the third time. The boys, who were in the same amniotic sac, were born first, at an interval of an hour between each; the girl, who was in a separate sac, was born half an hour after the last boy. The whole three are alive, well formed, and sufficiently strong, particularly the first boy and the girl.—*Brit. Med. Journal*, August 14, 1875.

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Intestinal Secretion.—A second report was presented to the British Medical Association, by the Committee on Intestinal Secretion, Dr. Lauder Brunton and Dr. Pye-Smith. The report detailed a number of experiments, which the committee had undertaken, and which were considered to prove the absence of influence on intestinal secretion through the splanchnic nerves, the pneumogastrics, the sympathetic above the diaphragm or the spinal marrow; and the probable influence of the ganglia contained in the solar plexus, though certainly not of the two semilunar ganglia exclusively. Also the independent occurrence of hemorrhage and of paralytic secretion appeared, in the view of the committee, to point to a separate nervous influence on the bloodvessels and the secreting structures of the intestines.—*British Med. Journal*, Sept. 4, 1875.

Protoplasm and Adipocere.—A paper was read before the Anatomical and Physiological Section of the British Association for the Advancement of Science, by Dr. J. Goodman, on Protoplasm and Adipocere, or the Origin and Ultimate Termination of Animal Structure. The author endeavoured to show that the animal body, with all its complex organs and seemingly dissimilar structures, is formed either of corpuscles or fibrinous material, which alone can be denominated the true protoplasm of the body; and that dead animal matters are capable of resuscitation by contact with water, so that they will form corpuscles. Thus an individual suffering from disease and taking no nutrition, may be sustained for weeks by the mixing of the effete matters from the frame with the aqueous fluid drawn by the absorbents.—*British Med. Journal*, Sept. 4, 1875.

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A New Histological Process for Staining Tissues.—Mrs. Frances Elizabeth Hoggan, M.D., London, discussed her process for staining tissues at the late meeting of the British Medical Asssciation (*British Med. Journal*, Aug. 28, 1875). She said that the process recommended itself principally on account of the property it possessed of staining the substance of the cell as well as the nucleus and nucleolus, and because it gave the best results where carminate of ammonia failed. It consisted in first pouring over the specimen (after treating it with water and with methylated spirit) a one per cent. solution of perchloride of iron; and, in a few minutes afterwards, a few drops of a two per cent. solution of pyrogallic acid, both solutions being made in distilled water. A practical demonstration of the process was given by Mrs. Hoggan.

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Committee on Anæsthetics.—The following resolution, offered by Mr. Annandale, was recently adopted by the Section on Surgery of the British Medical Association:—

"That this section is of opinion that it is desirable that a committee be appointed to inquire into and report upon the use in surgery of various anæsthetic agents and mixtures of such agents; that it be part of the object of such committee to collect and summarize the experience of British practitioners of surgery and medicine as to the relative advantages of chloroform, ether, nitrous oxide gas, and other agents, and to carry out suitable experimental investigations; that Professor Lister of Edinburgh, Professor Pirrie of Aberdeen, Mr. Annandale, Dr. Thomas Keith, Dr. J. Duncan, Dr. M'Kendrick, and Dr. Crum-Brown of Edinburgh; Dr. Burdon Sanderson, Mr. Spencer Wells, Mr. Ernest Hart, and Mr. Clover, of London; Mr. Macdonnell and Mr. J. Morgan, of Dublin, be requested to act as a committee for this purpose, with power to add to their number."

The above resolution was reported to the Association in general meeting, and it was moved by Dr. Chadwick, of Leeds, and carried, "that, in accordance with the resolution now read, a committee on anæsthetics, consisting of the gentlemen whose names are given above, with power to add to their number, should be appointed, and that application for a grant be referred to the Scientific Grants Committee."

—

Completion of the Metropolitan Main Drainage.—It is stated (*Lancet*, August 14) that "A labour of sixteen years, and the expenditure of more than four millions sterling, has brought to a successful completion the gigantic undertaking known as the metropolitan main drainage system, which was commenced in 1859. The whole of the sewage of more than four millions of people, living on an area of over 117 square miles, is now diverted from the Thames near London, and discharged at Barking and Crossness, fourteen miles below London bridge, into the river at high water, in order that the ebbing tide may carry it out to sea. Until the opening of the western pumping station at Pimlico on the 5th inst. the sewage of an area of nearly fifteen square miles of West London, including Chelsea, Fulham, Brompton, Kensington, Shepherd's bush, Wormwood-scrubs, Notting-hill and Hammersmith, was discharged into the Thames at Cremorne. The last portion of the metropolitan sewage has now been diverted from this part of the Thames, is

lifted to a height of eighteen feet, and then finds its way into the low level sewer, which carries it to the Abbey Mills pumping-station. So recently as 1815 a penalty was incurred by discharging house drainage into the sewers, which were only intended for surface drainage. Up to that date the cesspool system reigned supreme in London. The nuisance of this system, however, became so intolerable that in 1847 a law was passed making cesspools illegal, and requiring all householders to do what was a penal offence before 1815—that is, to drain into the sewers. In the mean time, however, the Thames was rapidly becoming a gigantic open sewer, and three warnings in the shape of cholera epidemics in 1832, 1849, and 1854, combined with the powerful incentive to action in the matter produced by the effluvium of the Thames upon the legislators in the House of Parliament, led to the inauguration of the metropolitan main drainage system in 1859."

We would suggest to the conservators of the health of the City of Philadelphia the solution of the question, if it cost $20,000,000 and sixteen years' labour to abate the nuisance caused by the Thames being converted into an open sewer, what will it cost to abate the like nuisance when the Schuylkill River shall be converted into an open sewer by the completion of the works now in progress on its borders?

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Snake Bites.—The *Times of India* reports that Dr. Shortt has just successfully treated, by means of liquor potassæ and brandy, two persons who were bitten by cobras at Madras.—*Lancet*, Aug. 14.

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Cholera in the Hill Stations in India.—It is not very often that an outbreak of cholera occurs at any of these stations, but this year has proved an exception to the rule, as the disease has made itself severely felt both at Simla and at the neighbouring military sanatorium of Kuscowlie. According to the latest telegrams received, there had been at Simla, up to the middle of last month, 152 cases, of which ninty-one resulted fatally. As usual, the great majority of the deaths occurred amongst the natives, but nine Europeans were included amongst the victims. No satisfactory reason has yet been assigned for this outbreak. In the plains, the season has, thus far, not been marked by any unusual prevalence of cholera; in Calcutta, although cholera is never entirely absent from the native portion of the town, the European community has enjoyed a marked immunity from it since the construction of the drainage and waterworks.—*Med. Times and Gaz.*, Aug. 28, 1875.

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The British Medical Association.—This Association held its annual meeting this year in Edinburgh in August last. There were upwards of one thousand members present, and the proceedings were of an extremely interesting character. The President, the venerable Sir Robert Christison, gave the opening address, which was devoted to the subject of medical education in Great Britain, in which the author presented the results of his own extensive experience and observations in regard to that important matter. Highly interesting addresses were also delivered by Dr. Warburton Begbie on Medicine, by Mr. Spence on Surgery, and by Dr. Rutherford on Physiology. The address of Mr. Spence was especially instructive from the results of the experience of the author in the treatment of wounds, and on surgical dressings which were embodied in it.

—

French Association for the Advancement of Science.—This association held its fourth annual session at Nantz on August last. The session was opened with an address by M. d'Eichtel, the acting president, which was followed by a report by M. Ollier, the secretary general, on the proceedings of the session of the preceding year at Lille. M. Claude Bernard was elected honorary president of the Section of Medical Science.

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The Case of Louise Lateau.—For the past seven years the public mind in Belgium has been greatly exercised by the performances of a country girl, who has been subject to weekly attacks of ecstasy

accompanied by cutaneous hemorrhages from special regions, which, from their associations, are held in Catholic countries in profound reverence. Many have been the pilgrimages to the village of Bois d'Haine, where this lowly mystic dwells, and many have been the treatises, religious and scientific, that have been written to explain the phenomenon from their special point of view. At the commencement of the present year a commission of the Royal Academy of Belgium, under the leadership of M. Warlomont, investigated and reported fully upon the case. The report, which was a most elaborate one, came to the conclusion that the girl was the subject of "stigmatic neuropathy"—a new addition to nosology. We have just received a most interesting memoir (*Science et Miracle: Louise Lateau, ou la Stigmatisée Belge*), by Dr. Bourneville, of Paris, the talented editor of M. Charcot's work on Nervous Diseases, and himself no mean contributor to the literature of neuropathy, in which, after careful study and analysis of the writings on Louise Lateau, he concludes that her case is nothing but one of extreme hysteria. After giving a detailed account of her early life, and of her manifestations, each of which—the stigmata, the ecstasies, visions, prolonged abstinence, anuria, insomnia, etc.—he analyzes in full, he passes on to compare her case with those of other well-marked examples of hysteria, many of which either have been or are in the wards of La Salpétrière Hospital. A case is given in which cutaneous hemorrhages, preceded by neuralgic pains, and occurring in different parts of the body, were met with, accompanied by hystero-epileptic fits. Another, recorded by Magnus Huss, of Stockholm, as early as 1851, in which the subject had similar hemorrhages, unaccompanied by menstrual derangement, and without any hæmophilic tendency. This patient could even provoke the hemorrhages at will, and became the object of much curiosity and sympathy. She also was subject to epileptiform attacks. With regard to the ecstasies, there has been in La Salpétrière since 1840 a most unique case of hystero-epilepsy, in which the convulsions are most extreme, and on several occasions the subject of them has passed into a state of cataleptic rigidity in the attitude of the crucifixion. Whilst in this state she sees visions of the Saviour and the Virgin, and in every respect, save the regularity of recurrence, the attacks resemble those of Louise Lateau. Prolonged abstinence, diminution or even suppression of the excretions, have also been observed among other subjects of hysteria, which even excel the mystic of Bois d'Haine in the extremity to which their functions are deranged.

A striking commentary regarding Lateau has just been going the round of the papers. "It appears that for some weeks, her sister having kept priests and sightseers aloof, she reverted to normal habits and conditions; but, relapsing into a state which led to priestly services being called in, the former symptoms—fasting, trances, and stigmata—have reappeared." *Verbum sat.*—*Lancet*, Sept. 4, 1875.

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Prof. Wurtz.—This gentleman has been appointed to the vacant chair of Chemistry at the Faculty of Sciences, which will render it necessary for him to resign the Deanship of the Paris School of Medicine, in which position he has acquired great popularity with the students.

—

The Journal of Anatomy and Physiology.—Messrs. Macmillan & Co. announce that the success with which this excellent journal has met, and the increasing investigation into the various branches of Anatomy and Physiology now going on, has induced the editors to determine to issue it henceforth quarterly. Dr. Michael Foster and Professor Rutherford will assist in the future conduct of the journal.

—

Obituary Record.—Died, Sept. 4th, aged 46, F. W. Headland, M.D., well known in this country by his work on the Action of Medicines on the System.

——, at Brixton, August 21st, Alexander Fleming, M.D. Dr. F.'s researches on aconite obtained for him a high reputation.

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CONTENTS.

LECTURE.

Lecture on Softening of the Brain . . 161

MEDICAL NEWS.

Original Article—Pruritus Formicans . 170
Domestic Intelligence—International Medical Congress, Philadelphia, 1876 . . 170
American Public Health Association. Annual Meeting, 1875 171
The Code of Ethics of the American Medical Association 171
State Board of Health of Georgia . . 171
Harlem Lodge 171
Starling Medical College, Columbus, Ohio . 171
Frederick D. Lente, M.D. 171
Dr. Edward Warren 171
The Physician's Visiting List for 1876 . 171
Physician's Office Case-record and Prescription Blank Book 171
Obituary Record 172
Foreign Intelligence—Carbazotate of Ammonia as a Substitute for Quinia . . 172
Therapeutic Properties of Salicylic Acid . 172
Antifebrile Action of Salicylic Acid . . 172
Treatment of Hydatid Disease of the Liver 173
Subcutaneous Injection of Carbolic Acid in Rheumatism 173
Bromoform as an Anæsthetic . . . 174
New Acid found in the Urine after Ingestion of Chloral Hydrate 174
International Medical Congress at Brussels 174
School of Anthropology and Medical Geography 175
Obituary Record 175

STOKES ON FEVER . . . . . 16 PAGES.

LECTURE.

Lecture on Softening of the Brain. By J. HUGHLINGS JACKSON, M.D., Physician to the London Hospital and to the Hospital for the Paralyzed and Epileptic.

We very frequently hear the expression "softening of the brain." It is often used by educated patients; for many people who simply suffer slight and often but temporary nervous exhaustion think, always erroneously, that they have "softening," or are going to have it. It is really an expression of pathological application, but just as the symptomatic word "apoplexy" has come to have a pathological meaning (effusion of blood), so the pathological term "softening" has come—so, at least, it appears to me—to be used, even by some medical men, as a name for a certain rude clinical grouping of symptoms in cases in which there really is no softening. This use of the term is to be deprecated. Let me mention the symptoms of cases wrongly called "cases of softening." We see patients who have become excitable, irritable in temper, and desponding; they have found that their attention easily fails, and that they cannot do their accustomed work; they usually sleep badly; they have often what they call headache, but it is mostly not an ordinary headache, either in kind or in position; it is a feeling of pressure, or sometimes of burning, and its seat is the vertex or the back of the head; there is very often, indeed, a disagreeable feeling at the occiput and in the upper parts

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of the spine, more distressing than pain —an intolerable physical feeling; the queer feeling in the spine is often intermittent, and frequently comes on slowly with great depression of spirits. Altogether there is a strange mixture of "mental" and "physical" symptoms. Recognizing the group of symptoms I have mentioned as a fair clinical entity deserving particularly careful study, I do not see the evidence for the diagnosis that softening of the brain is the pathological change causing them. Such cases are called by the laity nervous debility, and often by medical men hypochondriasis. The symptoms, I think, indicate nervous exhaustion, beginning often in the sympathetic nervous system, and secondarily affecting the nutrition of the highest centres in the brain. Of course this is only hypothetical, for there is no morbid anatomy of such cases. Every one's conclusion as to their pathology must, therefore, be hypothetical. These symptoms are often produced by excesses, and especially by sexual excesses, and by "fast life" generally; they are sometimes suddenly developed by fright, and may be brought on by misery or overwork, either of the mind or the body, especially when the work is done under responsibility. Of course they occur most often in persons who inherit a weak temperament, who bear trouble badly, who are easily excited and easily depressed. In some of the cases the patients get quite well by simple common-sense care, and the delusion that they have softening vanishes. In the graver, prolonged, and ingravescent cases, I should think there was no softening of the brain, but rather greater firmness of it; atrophy of nerve-cells and fibres, with increase of connective tissue; there is some atrophy of the brain. In saying this I am not making a very strong statement. We often see considerable atrophy of the brain at post-mortem examinations on those who have died of non-cerebral disease, and whose mental condition has attracted no attention. Atrophy of brain is normal in old people; it is often seen in middle-aged drunkards and even in comparatively young people who have been long bedridden by wasting diseases not primarily involving the nervous centres. I mention this, as you may think the statement that there is some atrophy of the brain an extravagant conclusion as to the state of things in a man whose symptoms are those of prolonged and severe hypochondriasis or nervous debility, or whatever the right name or label is.

Be sure there is no softening in these cases. Indeed, I do not see how the diagnosis that there is actual softening of the brain is in any case to be possibly arrived at, *unless the patient has certain local paralytic symptoms, as hemiplegia, or some other symptoms implying a local cerebral lesion, such as affection of speech;* or, again, unless there be signs of cerebral tumour (severe headache, urgent vomiting, and double optic neuritis), or evidence of injury to the head. For, so far as I know, cerebral softening is always local; I know nothing of general or universal softening of the brain. To be warranted in diagnosing softening, you must have symptoms which point to local disease. I do not say that local cerebral softening cannot exist without localizing symptoms. I only say that in their absence you are not warranted in diagnosing its existence. We know that large parts of the brain may be destroyed without any marked local symptoms resulting; these parts may be destroyed by the process of softening without causing marked local symptoms. But in these cases the softening is mostly about tumours or other kinds of adventitious products. It is, however, almost an abuse of language to speak of these as cases of softening. The softening is, I suppose, a result of encephalitis about the tumour. We shall not refer to these cases again. For all practical purposes they belong to a distinct category. The cases which deserve to be called cases of softening are cases in which there is blocking up of cerebral arteries, or, which is infinitely rarer, of cerebral veins. Of these only shall I speak.

It is from the distribution of arteries, it is "for arterial reasons" so to speak, that there are localizing symptoms in

softening. The highest part of the motor tract (corpus striatum) and adjacent convolutions are usually the parts of the brain damaged or most damaged in softening, or simply the parts of the brain which often undergo softening. And this is because the artery which supplies these parts is an artery—the middle cerebral—which often gets blocked up, for reasons we shall afterwards state. Hence hemiplegia and affections of speech are the symptoms to be most trusted in the diagnosis of cerebral softening, for they are the symptoms producible by disease of the parts mentioned as being supplied by an artery which often gets blocked up. Curiously, however, unless there be valvular disease of the heart to, as it were, insist on softening by the process of embolism, cerebral softening is frequently not diagnosed in cases of hemiplegia and affection of speech when it often exists. Suppose that perfect hemiplegia comes on in a quarter of an hour without loss of consciousness in a patient past middle age, who has not renal disease, we are practically certain of local cerebral softening. There is in these cases softening by thrombosis—a commoner cause of local softening than embolism. Thus we see that the word "softening" is used by some for cases of nervous exhaustion and cerebral atrophy where there is not that pathological change, and, strangely, those who so use it very often do not diagnose softening in the really simple cases of hemiplegia coming on without loss of consciousness where it does exist. Sometimes, indeed, when the diagnosis is made that hemiplegia has been caused by embolism, because the patient is young and has valvular disease of the heart; there seems to be no clear notion in the mind of the diagnoser that he has before him a case of softening. There are two reasons for these mistakes. First, hemiplegia is too often attributed as a matter of course to cerebral hemorrhage, and softening is not thought of. This is, I think, because clot is oftener seen at post-mortem examinations in cases of hemiplegia, as it is a more speedily fatal lesion. We have more autopsies on patients who die from cerebral hemorrhage, because they die sooner, and therefore under our care. Nevertheless, hemiplegia *coming on without loss of consciousness*, is mostly caused by softening. I except cases of chronic renal disease, for hemiplegia in these cases, as a matter of fact, nearly always depends on effusion of blood, whether there be loss of consciousness at the onset of the paralysis or not. A second reason for the mistake in diagnosis is that there is a widespread impression that general mental symptoms *must* exist if there be "softening." I shall devote a great part of this lecture to show that this is an error, or at any rate, it is an error to suppose that softening of the brain *necessarily* causes *general* mental symptoms *directly*. Observe, I say directly, because I shall show that softening may be preceded by general mental symptoms, and may be followed by general mental symptoms. But in neither case do these symptoms depend directly on that softening. Observe, too, that I speak of *general* mental symptoms. I admit that softening directly causes special mental symptoms—loss of speech, for example. I deny that it directly causes general mental symptoms, although I admit, as I have said, that it may be preceded and followed by them. It is practically convenient to speak first of *special* mental symptoms *directly* resulting from softening; then of general mental symptoms following it. Although out of chronological order, it is more methodical to consider the mental degradations which may precede an attack of softening after speaking further of arterial changes.

Certainly there is not necessarily any direct connection betwixt cerebral softening and *general* mental symptoms. There need be no such symptoms at the onset. The typical case is that of the middle-aged man who, having gone to bed feeling well bodily and mentally, finds out when he gets up in the morning that he cannot use his left side, but who is as clear in mind as usual; yet that man has local softening, or rather thrombosis of an atheromatous artery supplying a part of the motor tract, which will therefore speedily soften. We are obliged to make some kind of arbi-

trary limit. We speak of cases commonly met with. But, as I shall tell you later, there may be deep coma from blocking of the trunk of the middle cerebral artery—coma as deep as that producible by large cerebral hemorrhage. A patient may have, however, special mental symptoms, without any insensibility, at the onset of softening, and as a direct result of it. Such cases I now consider.

Special mental symptoms directly resulting from softening.—The parts of the brain which most frequently soften are, as I have just said, the highest divisions of the motor tract; most often the corpus striatum and adjacent convolutions—that is, in other words, the parts supplied by the middle cerebral artery. If a large part supplied by the right middle cerebral artery be softened, there need, after the shock of the onset, be no obvious mental symptom of any kind. If a branch of the *left* middle cerebral artery be blocked there is a mental symptom, but then it is not a general one, but an exceedingly special one—viz., affection of speech (aphasia). Affection of speech *is* a mental symptom. A person who has lost speech has lost a part of his mind. Indeed, if the *trunk* of the middle cerebral artery be blocked there is very extensive softening, and a state very like imbecility as well as loss of speech; the patient's power of expression in all ways, and even the exhibition of states of feeling by smiling, etc., may be gone. Even then the symptom is a special one—loss of language or loss of speech.[1]

[1] I must insist that loss of speech is a mental symptom. For we speak not only to tell other people what we think, but to tell ourselves what we think; rather a proposition is the ending of a mental operation, and often the beginning of another. The aphasic can still think in some fashion; he remains able to do so, I consider, because, although speechless, he is not wordless; he has remaining the automatic and unconscious use of words in the right undamaged cerebral hemisphere. I believe, too, that there is a similar duality of Perception, or, rather, that the process which ends in perception is double. This process is not affected in cases of aphasia. There is, I think, chiefly from disease of the right posterior lobe, a mental state which I call "Imperception," corresponding to Aphasia in the Word series. I do not discuss this symptom in the text, for, besides other and better reasons, the topics necessarily to be considered are numerous.

General mental symptoms may follow local softening. We will for convenience speak separately of those following in a few days (these are usually temporary), and then of those following weeks or months after; these are often permanent. Remember the simple case we took for the purpose of illustration. A patient, about fifty, has become hemiplegic without loss of consciousness. This is the symptomatic statement; the pathological statement is that he has local cerebral softening.

General mental symptoms following a few hours or a few days after local softening.—After a short time the hemiplegic patient may begin to "wander," although at first, and usually all through his illness, he can pull himself together, clearing his mind of his fancies, and can reply to ordinary questions correctly. The mental symptoms are of a general character. There is not a loss of one faculty in particular, but a reduction of the whole mind to a more automatic condition. The patient "wanders" about his business, about the persons or places to which he is most accustomed (which are most automatic to him). He imagines that he is doing his work, and he may take strangers for those persons to whom he is most accustomed. I repeat there is not here loss of any one faculty, there is no special mental symptom. The patient is reduced to a more automatic condition of mind. There is Dissolution, using this term as the opposite of Evolution. Then, of course, much depends on the kind of brain the patient had before his illness. Old drunkards will have more absurd delusions, illusions, and hallucinations than persons who have not abused their nervous systems. My own belief is that this state results simply because the hemiplegic patient's brain power is slightly reduced in a universally lowered bodily condition, and that it is not caused by the very local disease of his brain. A local softening, practically an absence of brain (circumscribed) destruction, could not possibly cause such *active* mental symptoms as we have mentioned. These symptoms are, in my

opinion, often owing to debility. Let me explain how I think *debility* produces *active* symptoms. Explanation is required, as the expression seems paradoxical, and the expression "debility" wants definition. Probably the hemiplegic patient has, for theoretical reasons, been put on a spare diet, a diet next to nothing, although the very local damage in his brain has not seriously affected his digestive organs—not obviously affected them at all. The palsy has alarmed and depressed him, and he has not in consequence slept, or has not slept well. Very likely he has had a strong purgative, and perhaps blisters to the back of his neck. These mental symptoms are often due in great part to want of food. Very likely the poor fellow may have every day for years eaten and drunk far too much. Some people eat little during the day, and then "stun" themselves at dinner. If such a man be taken hemiplegic just before his dinner hour he would feel the want of food in the night. We should be cautious how we begin to change a man's habits, even bad habits, very soon after an attack of hemiplegia. If we do not keep up his arterial tension the parts of his brain *the furthest from his heart* will not get plenty of blood. The parts geographically furthest from the heart are the most intellectual; he may therefore become delirious if his arterial tension be much lowered. When I have spoken more about arterial changes, you will see that the brain of a man who suffers softening is often one of which the apparatus for nutritive supply has long been getting slowly defective. He is usually past middle age. There is arterial degeneration, and thus the circulation of distant parts will fail very easily. So far, we have concluded that there is defective blood-supply, and corresponding defect of action of the highest, that is of the most intellectual nervous arrangements. But obviously this negative condition could not account for *active* mental symptoms. Before I speak of the manner in which I believe the active symptoms to result, let me widen the field of observation.

I would earnestly beg you to bear in mind that I declare that such mental symptoms are not characteristic of cerebral softening; they are just as likely to occur with hemiplegia from clot as with hemiplegia from softening; they cannot be due directly to either; they cannot, as I have said, be due to circumscribed "destroying lesion" of any kind. But we can go far beyond this statement—we can say that these symptoms are rarely dependent on *primary* disease of the brain of any kind. In general physicians' practice very active mental symptoms (delirium) are rarely even associated with primary disease of the brain of any sort. Of necessity they imply something wrong in the brain, but the brain is suffering secondarily, "functionally," as the popular and inexact expression is. Such symptoms are common in the medical wards of a hospital. The patients in whom they occur are those whose primary ailment is not a cerebral one; they occur in phthisis, in chronic Bright's disease, in pneumonia, in erysipelas, and in pyæmia—in some cases of these diseases, I mean. As a rule, the more acute the disease, and therefore the more rapidly the brain suffers secondarily, the more active, the more uproarious and constant, the mental symptoms. They occur without a very high temperature oftener than with one. The temperature is often normal. Now we come to the explanation.

Such mental symptoms are on an utterly different platform from all other kinds of nervous symptoms. Remark, they are positive, or, as I said, active symptoms. Negative mental symptoms, such as loss of speech, imbecility, defect or loss of consciousness, are often owing *directly* to disease of the brain, but the most extravagant and most changing positive mental symptoms must in all cases, even where there *is* disease of the brain, be due to the action of parts of the brain which are *not* the seat of a lesion which produces *loss* of function. They are due to the action of parts which, except for over-excitement, are healthy. I am fully convinced that in all cases, from the insanity of slightest delirium to insanity ordinarily so-called, there is, as Dr. Monro says (in accordance with a principle many

years ago formulated by Laycock), a negative and a positive condition. There is loss or defect in the highest faculties along with exaltation of those lower and more automatic. It is even so in health; automatic mental action goes on during sleep or reverie. But we shall keep to actually morbid conditions. I wish to impress on you that it is the negative element only which is the *direct* result of disease. Now mark, the delirious patient is symptomatically in a double condition. The negative element is defect or loss of consciousness. Unfortunately such an expression often rouses thoughts about coma; but be sure that there are all degrees, from the slightest and most transient confusion of mind (defect of consciousness) to deepest coma. Now, the defect of consciousness is the condition produced directly by loss of arterial tension leading to failure of the highest centres—those most distant from the centre of the circulation. With regard to the causation of the positive symptoms (the delirious ravings, etc.), we may apply the principle Anstie stated when he said "that the apparent exaltation of faculties is due to removal of controlling influences," or, as Thompson Dickson said of delirium and mania, that "they result from loss of control," or as Rutherford says,[1] "to diminution of inhibitory power." When a man is delirious his negative state is, I repeat, that his highest nervous arrangements in the cerebrum, the sub-strata of consciousness, are more or less put out of use; he has defect of consciousness. In any general lowering of health the very highest nervous arrangements are the first to fail. (Principle of Dissolution.) The positive or active symptoms, the illusions, delusions, and grotesque actions, are owing to the action of the lower nervous arrangements, which, except for over-excitement *permitted* by the loss of control, are healthy. (Principle of Loss of Control.)

You may reply that the active mental symptoms may be attributed to active disease about the original lesion—about the softening or the clot. This is contrary to the evidence. It is a grave error in any case to put these symptoms down as a matter of course to meningitis, encephalitis, or to any kind of acute primary head affection. It is a deplorable error if it leads to severe purgation, to blistering the back of the neck, leeches, and low diet. The characteristic symptoms of encephalitis, meningitis, and acute brain disease generally are not mental, but physical. Thus, besides gross motor affections, convulsion, and paralysis, there are alterations of circulation, respiration, temperature, and constipation, vomiting, etc. Do not forget this seemingly paradoxical statement, that the trustworthy symptoms in the diagnosis of acute and primary disease of the organ of mind are physical, and that the untrustworthy symptoms for that diagnosis are mental.

General mental symptoms slowly developing weeks or months after an attack of softening.—These certainly follow at too great an interval to be erroneously attributed to the local damage which caused the hemiplegia. They often develop when the hemiplegia has become chronic. A general mental and bodily failure often follows a severe attack of hemiplegia, the result of local softening. It is not due to that softening nor to any extension of it; it is, I suppose, a result of secondary atrophy of the whole or of a large part of the hemisphere in which the local softening lies. But remark that widespread atrophy of a hemisphere follows on any large cerebral lesion, not on softening in particular; it follows clot, for example, and it may follow tumour, as is evident in some very long-standing cases. I say in some very long-standing cases, for, of course, in most cases of tumour, as we see them post mortem, from the added bulk and from œdema of the brain about the tumour, the convolutions are flattened and the brain looks bigger. Probably here there is concealed atrophy. In cases of autopsy in adults who have been hemiplegic from infancy, we may find, besides the local paralyzing lesion, extreme wasting of one cerebral hemisphere. This is, I think, a consequence of the local damage which caused the hemiplegia. There was at first, I suppose,

[1] The Lancet, April 29, 1871.

softening by thrombosis of a branch or of the trunk of the middle cerebral artery. This local softening is afterwards represented by a cyst. The atrophy is consecutive and secondary.

The mental symptoms following late (weeks or months) after an attack of hemiplegia are more slowly developed than those following immediately, hence they are very different. The deterioration shows itself both intellectually and emotionally. There begins to be loss of power of connected thought on difficult, novel, and complex subjects, or, speaking simply, the patient is soon confused; there are also peevishness and selfishness. Both these are highly characteristic of slow mental degradation. This is just what one would expect *a priori*. From a process so uniform as atrophy of the brain you would expect failure to begin slowly, and, on the Principle of Dissolution, that it would affect first the highest and most special of all faculties, or we may say those faculties last acquired both by the race and the individual. These faculties are power of abstract reasoning (intellectual) and sentiment of justice (emotional).[1] That these two faculties are the most special is seen by the fact that young children and savages have little or none of either. It is said that Australian savages have not even such abstract words as tree, red, justice, etc. Now, inferior people among the civilized are inferior because these faculties are little developed in them. I repeat, these are the two faculties developed latest; they fail first in cerebral disease where the whole brain is slowly implicated. So far for the principle of Dissolution, under which comes the negative condition. Next for the positive symptoms. The process of dissolution which directly causes the negative indirectly causes, or rather permits, the positive.

Patients with general cerebral deterioration, like persons naturally inferior, are easily excited; for by saying that they have defect in their highest processes, we say that they have defect in their controlling or inhibiting processes. To be easily excited is to have little controlling or inhibitory power. Here again comes in the Principle of loss of Control. Every healthy man has all animal passions and instincts, but the properly organized man has them under control of well-developed higher faculties. Thus chastity is not the absence of sexual feeling, but the having it deep under the control of higher feelings. Here you see that the principle of the same explanation holds good as was given of the mental symptoms following soon after local softening. In the production of the class of symptoms just considered, the process of dissolution is very slow, and thus the control is slowly removed. The suddenness and rapidity with which control is removed is of vast importance; the more rapidly it is removed the more activity is there of the centres uncontrolled. Thus, in the epileptic maniac (the most furious of all maniacs) the control has been removed very suddenly and with great rapidity.

Defective sense of justice seems too fine a phrase for selfishness, peevishness, and greediness; but it is really a correct statement of them. The feeling of justice is regard for others. Of course the results of disease are as different as are the persons to whose brains disease comes. For example, inferior men who have little sense of justice while in health, are made very irritable by trifles and easily take offence. They would soon, even by a non-cerebral illness, display bad temper, greediness, etc. Then some men have a feeling of justice in excess: generosity is excess of justice; generosity is not simply an easy, soft, careless nature. Such men are less likely to become selfish and greedy when the brain begins to fail. They have a reserve of good faculty. Defective power of abstract reasoning also seems too fine a phrase for the confused mental state of many of our hemiplegic patients. But it is really a correct expression; I don't mean that they have difficulty in reasoning on abstruse subjects. What puzzles them is connected thought about things out of their routine, and which are not simple and actually before them. Persons of congenitally inferior minds are easily confused by anything complex, especially if it be novel.

[1] See Herbert Spencer's Study of Sociology, chap. xv.

So, then, when general mental symptoms follow weeks or months after local softening, a sufficient explanation is given, not by the softening, which may not increase in extent as the symptoms develop, but by the slow consecutive atrophy.

To resume. Excluding softening about tumours and softening from gross causes similarly obvious, I know nothing of softening of the brain except that resulting from blocking of cerebral vessels. This, you will see, is saying, in effect, that softening of the brain is local; there is a softening of some part because a vessel supplying that part is blocked up. I have used in a former part of this lecture the expression "extension of softening." I wish to remark that, excluding softening about tumours, softening from injuries, etc., I know nothing of "extension of softening" except in the very simple sense of its resulting from new blockings up of arteries near those formerly blocked up.

The softening I have to speak of is a partial necrosis of brain mostly in arterial districts. Hence the first and essential thing in the study of softening is the study of the process and results of blocking up of arteries. It is exceedingly important to realize that it *is* a question of *arteries*. See how it bears on hereditary transmission of disease. Hemiplegia from local softening occurring in a person whose family has been subject to nervous disorders is no evidence whatever to show an inheritance of nervous disease, for the simplest possible reason that hemiplegia so caused is not strictly of nervous origin. The same remark applies to hemiplegia from clot, and thus it applies to nearly all cases of hemiplegia, for this form of palsy arises in the vast majority of instances from bad cerebral arteries; they break or get blocked up. Hemiplegia is the common arterio-cerebral symptom partly because an embolus can more easily get into the middle cerebral artery for anatomical causes, and partly because this vessel lies more directly in the way of strain from the heart, and thus is the most diseased and the most easily ruptured. To show how very mechanical, so to speak, the reason is for the predominance of this arterio-cerebral symptom, I mention that Prevost and Cotard found that tobacco-seeds injected into a dog's carotid most often lodged in the animal's middle cerebral artery. In fact, I know of no evidence to prove that any form of hemiplegia is ever of direct nervous origin —*i. e.*, that the pathological changes causing it *begin in nervous tissue*. Hence it is, I think, very inaccurate to speak of a patient who suffers epilepsy as having a *tendency* to nervous diseases because his father or mother had such symptoms as hemiplegia, loss of speech, softening of the brain, etc. Your notions on hereditary transmission of nervous diseases will be confused unless you bear in mind that nearly all "nervous diseases" are really instances in which the pathological changes begin in *non-nervous tissue*. Very many of them begin in the compound tissue (artery), and many of them in the simple tissue (connective). Besides symptoms of arterial origin there are nervous symptoms from intra-cranial tumours (including syphilitic growths), abscesses, hydatid cysts, etc. All these are pathologically extra-nervous. So, in inquiring for evidence as to hereditary tendencies in a patient who had any kind of nervous affection, you try to get evidence as to general states; for what you really want most to know is to what tissue-changes the patient's family is prone. You only inquire about nervous symptoms in other members of the patient's family (paralysis, etc.) as indirect evidence of this. You inquire, too, for rheumatism, gout, for facts as to renal disease, as well as ask if there be paralysis, insanity, etc. What you most wish to know is, what tendency there is to arterial (including cardiac) changes. My own belief is, that in this direction of inquiry we shall find out the pathology of the neuroses. I do not believe that chorea and epilepsy are nervous diseases in the sense that the pathological changes *begin in* nervous tissue.

In all the cases I have mentioned so far nerve-tissue *suffers*. It is not primarily at fault. As to the neuroses, remark that according to most physicians their pathology is unknown. We cannot say, then, that they are hereditary as *nervous affections* simply because they pervade a

family. Hemiplegia, apoplexy from cerebral hemorrhage, softening, etc., may pervade a family, but this is not evidence that that family is predisposed to nervous disease, for the simple reason that all the three so-called *nervous* diseases mentioned are affairs of arteries, not a whit more significant than defect of sight from retinal hemorrhage or epistaxis—arterial affairs too. In these cases it is more important to seek evidence of a tendency to arterial change than to note the occurrence of nervous disease or symptoms in the patient's blood relations.

Mental symptoms preceding cerebral softening.—It is important for another reason to bear in mind that cerebral softening is a question of arteries; for, since local softening is due to blocking up of arteries, it is hard to see how such so-called causes of softening as anxiety and overwork can be said to produce it. Such causes may help to produce the clinical grouping of symptoms, often called softening, of which I spoke at the beginning of my lecture. Fright and anxiety —which latter is only fright spread out thin—are, indeed, potent causes, especially in predisposed persons, of severe, very distressing, and long-continued nervous symptoms, such as sluggishness of mind and body, failure of power of attention, incapacity for sustained exertion, etc.; but I do not see how they can produce that *local* pathological change which is properly called softening. I do not deny that hemiplegia from softening (thrombosis) is often said by patients and their friends to have been preceded by anxiety or overwork—"caused by" such things, they will affirm. I think the most reasonable explanation is that the brain has been slowly getting into a condition in which it is easily excited and easily overworked; for in many such cases (softening from thrombosis) there is widespread degeneration of the cerebral arteries, and thus a worse nutrition throughout the brain, before the actual softening of some part results because one of these bad arteries has become blocked up. In some cases before the hemiplegia, the patient had manifestly become, as he would say, although not in these words, incapable of connected thought on any unusual matter, forgetful of things slightly out of his routine duties, and we should learn from his friends that he had become irritable and selfish. What I told you on failure of the two highest faculties in consecutive atrophy of the brain applies here. As a rule, the failure of mental power before softening is much slighter, and occurs more slowly; it is often spoken of by the patient's friends as indifference to business, fidgetiness, and "alteration" of disposition. These symptoms are no doubt, in persons who have degenerated arteries, the result of a uniformly bad state of the vessels of the brain. This prior condition of ill nutrition does not, so far as I know, lead to *general* softening, however slight we may suppose that softening to be.

You will now see that the causes of softening of the brain, properly considered, lead you to consider the state of the arterial system—lead you beyond the nervous elements of the nervous system. I repeat that very few nervous diseases are directly of nervous origin. A great part of our knowledge of the pathology of cerebral softening is in the answer to the question, Why do arteries become diseased, and thus "blockable"? Obviously if the softening of the brain be very limited in extent, and the symptoms therefore slight and transitory, the consideration of the patient's general bodily state is the really urgent matter. It would be a very poor thing to dwell with exaggeration on the hemiplegia, and ignore the state of the patient's heart, arteries, etc. It would be a very unclinical mind which could feel comfortable about a patient who was very "degenerate" simply because he had speedily got rid of hemiplegia. Inquire into degenerations of all systems of tissues, and examine all important organs. Nor must you suppose that you are taking a broad view of a case if you dwell exclusively on important superficial matters—state of digestion, sleep, and occupation. You will have your patient's sympathies in making such investigation, for he can, or he supposes he can, follow your inquiries and understand their bearing. It is best to begin

with the paralytic symptoms; then to consider the superficial, but very important, conditions; and, lastly, the deeper lying and most important evidence as to general pathological and pathogenetical states. The patient will wonder what you are at if, first of all, you examine his heart, urine, and arteries, when he comes to you because he cannot use his right arm and leg. Again, do not be illogical when the paralytic symptoms are slight and transitory. Suddenly occurring and transitory slight symptoms, such as affections of speech, unilateral numbness, may be owing to little foci of softening (or rather to thrombosis of small arteries, which in due time lead to local softening), just as much as permanent paralysis may be owing to extensive softening. Of course the slighter the symptoms the more need is there practically to consider many possibilities, for slight symptoms are not necessarily so easy of explanation as grave symptoms often are. After carefully considering all the causes I can think of, I feel warranted in attributing in many cases the slight and transitory nervous symptoms I have mentioned to local softening; for vessels of very small size may be blocked up as well as vessels of great size, and in correspondence there are foci of softening from the size of a pea upwards. Simple as this remark sounds, the principle deducible from it is not always borne in mind. Slight and transitory hemiplegia, which we are warranted in putting down to blocking up of very small arteries, is often hastily ascribed to general states of ill-health—for example, to affection of the liver, etc. In so explaining them you would have your patient's sympathies. He can, or he thinks he can, frame some sort of conception of "local congestion," "disorder of the liver," "suppressed gout," "overwork," "anxiety," etc., as causing his slight localized nervous symptoms. At any rate these explanations or these phrases are familiar to him. I think that the existence of any of these states gives no explanation of local and suddenly occurring nervous symptoms. These "explanations" are superficial, not simple. If a man have atheromatous arteries (blockable arteries) of all sizes, why should not slight and transitory symptoms be owing to blocking of very small arteries? Observe, the question of first importance in diagnosis is not as to the slightness or transitoriness of a symptom, but as to its localness; a local symptom must imply a local lesion of some sort. One reason for the frequent denial that local lesions exist in cases of *transitory* paralysis is that it is not widely known that there is Compensation in nervous organs, so that paralysis will pass off when the damage causing it is not altogether repaired. Thus, we exclude such so-called general causes as I have mentioned, and go on to consider special causes. At the same time it is only an inference that such slight and transitory paralytic symptoms depend on small foci of softening; for there is no, or practically no, morbid anatomy of such slight symptoms.—*Lancet*, Sept. 4, 1875.

MEDICAL NEWS.

ORIGINAL ARTICLE.

Pruritus Formicans.—Dr. William T. Thackeray of Yankton, Dakota, writes us as follows:—

In the January number of the *American Journal of the Medical Sciences*, I notice an article on Pruritus Formicans accompanying Pregnancy, by Horace V. Evans, M.D.

My attention was directed to this subject early in my professional life, and my treatment (upon the recommendation of the late Prof. S. Henry Dickson) has consisted simply of topical applications of cider vinegar; this plan has proved uniformly successful in all the cases that have come under my care.

DOMESTIC INTELLIGENCE.

International Medical Congress, Philadelphia, 1876.—The preliminary arrangements for the organization of the International Medical Congress, which is to convene in Philadelphia on the 4th day of September, 1876, are rapidly taking form, and the Centennial Medical Commission, which has charge of these duties, expects in a few days to issue a circular

giving the details of the plan of the Congress as far as already determined upon. We are informed that the prospects of the success of the Congress as a scientific body are already flattering. A large number of the leading medical minds of Europe are confidently expected to participate in its deliberations.

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American Public Health Association. Annual Meeting. 1875.—This important and useful Association will convene in Baltimore, Tuesday, November 9, 1875, in accordance with the adjournment of the previous annual meeting.

We have been favoured with the order of business adopted by the Executive Committee, but too late for insertion. From the list of papers to be read, it is evident that the meeting will be an instructive one.

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The Code of Ethics of the American Medical Association has been unanimously adopted by the Medical Society of Munich, and translated for the use of its members. —*Medical Record*, Oct. 9, 1875.

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State Board of Health of Georgia.—The State of Georgia, by an Act approved 25th February, 1875, established "a State Board of Health, for the protection of life and health and to prevent the spread of diseases in the State, and for other purposes." We have been favoured with a copy of the constitution and rules of this Board, of the address issued by it, and of the proceedings of its first meeting; also of the forms issued for returns to be made of births, marriages, deaths, vital statistics, etc.

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Harlem Lodge.—This is the title of an establishment recently purchased and improved by the *Trustees of the Maryland Inebriate Asylum*, and is situated near the city of Baltimore. It is designed to provide especially for a class of men who wish to recover and who will accept of the appliances which the Lodge furnishes. The rooms are private, and two physicians reside in the building. Special arrangements may be made for a few female opium patients. Applications to be made to Joseph Parrish, M.D., Baltimore P. O., Maryland.

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Starling Medical College, Columbus, Ohio. —Dr. John H. Pooley, of Yonkers, New York, has been appointed Prof. of Surgery in this school.

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Frederick D. Lente, M.D.—This experienced and skilful practitioner, in consequence of impaired health, has removed from Cold Spring, New York, and intends to reside during the winter months at Palatka, Florida, and during the summer months at Saratoga Springs, New York, (Grand Union Hotel) where he may be consulted professionally.

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Dr. Edward Warren.—We regret to learn that Dr. Edward Warren, originally of North Carolina, but subsequently of Baltimore, who, it will be remembered, some three years since accepted a position on the medical staff of the Army of the Khedive of Egypt, was attacked with malignant ophthalmia shortly after his promotion to the office of Surgeon-General of the Egyptian Army. The obstinacy of the affection compelled him to seek relief in Paris. At the end of six months of treatment he is left with one eye permanently enfeebled, and the probability of losing the sight if he return to Egypt. He has accordingly obtained permission to practise in Paris.

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The Physician's Visiting List for 1876.—Messrs. Lindsay & Blakiston have just issued this useful annual, the convenience of which to the practising physician is too well known to require more special notice.

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Physician's Office Case-Record and Prescription Blank Book.—This very convenient and useful book for recording cases and prescriptions is issued by the Case Record Company, Cincinnati. The price of the charts is very moderate (three dollars per hundred). They may be obtained from Dr. Geo. E. Walton, 224 Laurel St., Cincinnati.

Obituary Record—Died, at Sing Sing, N. Y., Sept. 23d, of peritonitis following typhoid fever, Ernest Krakowizer, M.D., aged 54. Dr. K. was born in Upper Austria, emigrated to this country in 1850, and finally settled in the city of New York, where he acquired a high reputation for his surgical knowledge and skill, obtained a large practice, and became greatly esteemed. He was one of the surgeons of the New York Hospital and of the Mount Sinai Hospital, and had many distinguished professional offices conferred on him.

FOREIGN INTELLIGENCE.

Carbazotate of Ammonia as a Substitute for Quinia.—Dr. I. Slane, of Goalpera, states that his supply of quinia being nearly exhausted, and the indigenous antiperiodics failing, he was compelled to cast about him for a remedy with which to supplement his small stock of quinia. He determined to give the carbazotate of ammonia a trial, and proceeded to administer it to his fever cases. Up to the time of his writing (three months' experience of it) he had obtained very gratifying results. He finds whilst it is far cheaper than quinia, the dose is much smaller. The largest quantity he gave in *any* case was 8 grains in the twelve hours. The salt has no perceptible action in increasing the appetite, but singularly enough, like quinia, after a few doses it produces tinnitus aurium and slight deafness. The urine becomes tinged of a deep orange colour, which stains the clothes under its use, and the skin and conjunctiva may acquire a jaundiced hue, as occurred in two of his cases, but the discoloration soon passed off. He gave it in pill with extract of gentian; but it may also be given in solution, as it is perfectly soluble in water; and the liquor strychniæ may then be combined with it. Its intensely bitter taste is, however, an objection to its use in solution. Combined with a quarter of a grain of extract of nux vomica, its efficacy seemed to be much increased.—*Practitioner*, September, 1875, from *Indian Medical Gazette*, April 1, 1875.

Therapeutic Properties of Salicylic Acid.—Some very important observations by M. Wagner on salicylic acid appear in a recent number of the *Journal für Practische Chemie*. His results are thus summarized by Dr. Stevenson in the August number of the *Journal* of the Chemical Society: (1) Salicylic acid is superior to phenol (carbolic acid) as a disinfectant for fresh wounds and old sores. (2) A disinfecting action is insufficient for venereal sores, and corrosion is requisite. (3) In eczema of the head and face, with discharge, salicylic acid is extraordinarily efficacious, presumably because it quickly destroys the contagium. (4) In all cases where fermentative changes occur in the contents of the alimentary canal, salicylic acid acts more efficaciously than other antiseptic substances, since it can be administered in larger doses. (5) Its use is highly promising as a prophylactic in all diseases in which it is believed that the morbid processes are connected with microscopic organisms. In diphtheria, not only is salicylic acid a powerful restorative remedy, but it also appears to shorten the course of the disease.—*Lancet*, Sept. 18, 1875.

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Antifebrile Action of Salicylic Acid.—Herr Senator read, before the same Society, a paper on the above subject, giving an account of numerous trials which he had made in consequence of the recommendation published by Fürbringer and Buss (*Centralblatt*, 1875, No. 18), of the employment of salicylic acid as a means of abating temperature in fevers. He had especially tried it in the hectic of phthisis, having made fifty observations in ten cases. He found that under its use the temperature was undoubtedly diminished, but not so certainly as under the influence of quinia. In some of the cases its influence was quite surprising, while in others it was doubtful or not recognizable. He thinks that these negative results may be due to his having begun with too small doses, or to the mode of administration. The effect was much more marked in intermittent fever. In five out of ten cases of this, the cure was complete after once or twice employing

the medicine. The other five, being dispensary patients, did not reappear. The dose was from one to two grammes, either given altogether or in separate doses shortly before the paroxysm; correspondingly smaller doses being given to children. At first it was given as a powder, but later in warm water and glycerine, viz.—two parts of acid to 200 of boiling water, and sufficient glycerine to effect the solution. The mixture was warmed each time before it was taken. A good deal of discussion ensued upon the mode of administration, most speakers considering the forms of powder or emulsion undesirable, while the quantity of water required, on account of the great insolubility of the acid, was also objectionable. Glycerine was generally recommended, and it was stated that fifty parts of this and fifty of water constituted a vehicle that held the acid in permanent solution.—*Ibid.*

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Treatment of Hydatid Disease of the Liver.—The prevalent belief that simple tapping of a hydatid cyst in the liver is sufficient for its radical cure, owing to the death of the echinococcus following the escape of its fluid contents, is not entertained by M. Verneuil, the eminent surgeon attached to the Hôpital de la Pitié (*Revue de Thérapeutique Medico-Chirurgicale*, August 15th). He believes that the remains of the cyst acting as a foreign body, if they do not suppurate themselves, yet set up suppuration in their vicinity. Recognizing also the danger of peritonitis from escape of the hydatid fluid into the abdominal cavity, he does not adopt the so-called method of Recamier—viz., external application of caustic—nor other means of promoting adhesion; but he begins by puncturing the most prominent part of the cyst with a large trocar and canula. He then introduces through the canula a large gum-elastic catheter. Adhesions take place between the visceral and parietal peritoneum, and, there being constant means of escape, there is no retention of the fluid. Repeated injections of disinfectants, as solutions of carbolic acid or alcohol, are made into the cyst, the walls of which are thus allowed to slowly contract.—*Lancet*, Sept. 18, 1875.

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Subcutaneous Injection of Carbolic Acid in Rheumatism.—At the Berlin Medical Society, Herr Senator read a paper which will hereafter be published at length, entitled "The Local Employment of Subcutaneous Carbolic Acid Injections in Rheumatic Polyarthritis," containing an account of the results of the practice which, on the recommendation of Kunze, he has followed in some cases in private practice, and in many in the Augusta Hospital. At first he used a solution of 1 per cent., and later of 2 or 3 per cent., injecting this in the vicinity of the various joints affected. These injections had never been attended by any ill consequences, and had often given rise to the disappearance of the pain and other local symptoms. Complications and relapses of the disease were, however, not prevented. Herr Goldbaum stated that he had for several years been employing subcutaneous injections in articular rheumatism, as also in muscular rheumatism, and the anæsthetic effect has been remarkable, continuing for five or six hours. As the patient complains chiefly of the excessive pain and the immovability of the joint, this means is much to be recommended, for by it not only is the pain relieved, but the joint becomes movable, such mobility remaining as long as the pain is absent. He believes that in several cases a favourable influence is exercised on the general course of the disease. The efficacy of the practice is especially seen in muscular rheumatism, so that patients who were motionless from lumbago were after the injections able to move; and after these had been repeated several times the affection disappeared. In answer to a question from Herr v. Langenbeck as to whether the general febrile action was influenced, Herr Senator said that he could not pronounce on this point, as in articular rheumatism the febrile action depended on the affections of the joints, rising or falling with these. The carbolic acid, he further observed, is only a palliative. He has used the 3 per cent. solution with

great advantage in a case of ischias, but he has met with no success in chronic articular rheumatism. Herr Goldbaum observed that in no form of neuralgia in which he has tried the remedy has any benefit been derived, so that when no result attends the use of the remedy, the conclusion he comes to is, that a nervous, not a muscular affection, is under treatment. He has, however, found that some of a 2 per cent. solution put into the ear effectually relieves otitis externa, the patient renewing the application as soon as the pain returns. Herr Citron, while confirming what had been said of the anæsthetic effect of the acid in rheumatism, said that on taking the temperatures he had found no effect produced on these. Herr Waldenburg called attention to an old and very simple palliative that had very seldom failed him, viz., pouring ether over the part. Applied as ether-spray he had found it less efficacious. Herr Retzlag, having suffered himself from the disease, had found the ether of no service, except during the moment of application. He had derived most benefit from blisters kept on for twelve hours, until vesicles had formed, which were then opened. Herr Frankel had not tried carbolic acid, but among other local remedies he preferred the immobilization of the joint for ten or twelve hours, when the pain ceased.—*Med. Times and Gaz.*, Sept. 18, from *Berlin. Med. Woch.*, Aug. 16, 1875.

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Bromoform as an Anæsthetic.—Bromoform in a pure state, as obtained by Rabuteau from the action of an alkali upon bromal, appears in the form of a clear, very heavy, and agreeably smelling fluid. Iodine dissolves in it, and colours it of a carmine-red colour. The mode of action of bromoform resembles that of chloroform very closely. When administered in the form of vapour, there is a period of excitement which is followed by deep sleep, in which there is complete anæsthetic relaxation of all the muscles and dilatation of the pupil. The awakening from the effects of the agent takes place tolerably rapidly, even if the inhalation has been continued for half an hour. Rabuteau hopes that it will come into use.—*Practitioner*, September, 1875, from *Société de Biologie*, Jan. 1875.

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New Acid found in the Urine after Ingestion of Chloral Hydrate.—Musculus and De Merme have recently published, in the *Comptes Rendus*, an account of a curious acid which seems to be formed under the above conditions. Examining the urine of persons who were taking sixty to eighty grains of chloral hydrate per diem, they found it strongly acid, reducing copper solutions and rotating polarized light to the left. The acid is thrown down by basic lead acetate, and forms stellate crystals like those of tyrosine. It is a powerful acid, decomposing carbonates with effervescence, while its salts are unaffected by acetic acid. It is very soluble in water and alcohol, but not in ether, and reduces salts of copper, silver, and bismuth, and decolourizes sulphate of indigo. It is said to contain 31.60 C, 4.36 H, and 26.7 Cl. All its salts are soluble in water except the basic lead salt, but insoluble in absolute alcohol. The discoverers propose to call it provisionally *urochloralic acid.* It would seem from this discovery that chloral, like benzoic acid, undergoes material change in the organism, and is excreted in a different form, though some passes unaltered. The quantity of the new acid found was from ten to twelve grammes per litre of urine.—*Lancet*, Sept. 18, 1875.

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International Medical Congress at Brussels.—The meeting of this Congress was eminently brilliant and successful. It was opened on Sunday, Sept. 19th, in the great Hall of the Ducal Palace, by M. Vleminex of Brussels, Provisional President; His Majesty the King of the Belgians gracing the ceremony by his presence. On Monday a reception was given to the members by the communal authorities at the Hôtel de Ville; on Thursday there was a brilliant *soiree* at the official residence of the Minister of the Interior, and the Congress closed on Saturday by a farewell banquet at the Hôtel de Ville.

The following officers were elected: President, M. Vleminex, of Brussels.

Honorary Presidents, Langenbeck, of Germany; Critchett and Bowman, of England; Hebra and Sigmund, of Austria; Bouillaud, Verneuil, Larrey, and Jaccoud, of France; Semmola and Palasciano, of Italy; Aschman, of Luxembourg; Marcowitz, of Roumania; Ahmet, of Turkey; Donders, of Holland; Manayra and Pasquali, of Italy; Nicolayew, of Russia; Van Cappelle and Eyeling, of Holland; Schnitzler, of Austria; Gross, of Hungary; G. Bergmann, of Sweden; Harwood, of New York, and Adrian, of Indiana, U. S.; Madjen, of Copenhagen; and Petersen, of Denmark.

Vice-Presidents, Deroubaix and Crocq.

Secretary-General, M. Warlomont.

Recording Secretaries, MM. Duwez and Verriest.

The work of the Congress was distributed among nine sections. Each section met in the morning at 10 o'clock to discuss certain scientific questions, the present status of which were set forth by reporters designated in advance. The provisional conclusions contained in these reports were scrutinized seriatim, modified when deemed desirable, and then reported by the Sections to the Congress in general meeting, and each conclusion there voted on separately.

The general meetings of the Congress were devoted—1st, to verbal communications and to reports of sections, and, in case of disagreement in the latter, to their discussion; 2d, to conferences and to communications upon questions of general medical interest which were not upon the programme.

The various sections did a goodly amount of scientific work, which, in abstract, will be laid before our readers hereafter. The Congress adjourned on the 25th of September to meet in Switzerland in 1877. Before adjournment, however, it voted to send delegates to the International Medical Congress to be held in Philadelphia in September, 1876.

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School of Anthropology and Medical Geography.—"Thanks to the active initiative of Prof. Paul Broca, and the ready concurrence of the Faculty of Medicine, an 'École d'Anthropologie' has just been founded at Paris. The École Pratique is to be employed for its purposes, and it will be supported solely by private subscriptions. The subjects of the various courses of lectures have been settled, and the following is the list of the professors: Anatomical Anthropology, M. Broca; Ethnological Anthropology, M. Dally; Linguistical Anthropology, M. Hovelacque; Prehistorical Anthropology, M. De Mortillet; Biological or General Anthropology, M. Topinard. Moreover, a very distinguished *confrère*, to whom we owe a remarkable work 'On the Influence of Atmospheric Pressure on the Life of Man' (M. Paul Bert), has placed at the disposal of the new school a sum of 40,000 francs to meet the expenses of a supplementary course on Demography and Medical Geography, and for this chair M. Bertillon has been chosen."—*Gaz. Hebdomadaire*, Sept. 24, 1875.

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Obituary Record.—Died, at Norwich, September 25, from the after-effects of lithotomy on a system weakened by constitutional disease, aged sixty-three, John Hughes Bennett, M.D., late Professor of the Institutes of Medicine in the University of Edinburgh. Prof. B. was a man of mark in the profession and an author of a number of professional works. His latest contribution to our science was his valuable report on the Antagonism of Medicines.

—— at Boulogne, September 18, 1875, Dr. Duchenne, in the seventieth year of his age. He is well known by his two great works, "*Traité de electrisation localisée*," and "*La Physiologie des mouvements.*"

—— at Pavia, September 10, aged 75, Luiga Porta, Professor in the University of Pavia, one of the most illustrious of Italian surgeons, and the author of a most important work on the diseases of the bloodvessels.

—— at Hanover, September 8, Prof. J. C. Jüngken, aged 82. Prof. J. was the father of the Berlin Medical Faculty, and had great renown as an operating surgeon. It is to him that was chiefly owing, in Germany, the scientific culture of ophthalmology.

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CONTENTS.

CLINICS.

CLINICAL LECTURES.

Diphtheritic Paralysis 177

HOSPITAL NOTES AND GLEANINGS.

Chloral as a Local Application for Ulcers . 179
Nearly Fatal Cases of Poisoning by a known Dose of Carbolic Acid; Venous Injection of Ammonia; Recovery 180
Treatment of Diseased Joints . . . 181

MEDICAL NEWS.

Domestic Intelligence—International Medical Congress, Philadelphia, 1876 . . 183
Delegates to the International Medical Congress of 1876 183
Harvard Medical School 184
Translation of American Medical Works . 184
Foreign Intelligence—Deaths from Chloroform 184
Peroxide of Hydrogen as a Deodorizer . 184
Captain Webb 184
Sudden Death after Thoracentesis . . 185
To Preserve Solutions of Morphia . . 185
Preservation of Leeches 185
Is Selling Diseased Meat Immoral? . . 185
Scarlet Fever 185
Typhoid Fever 185
Obituary Record 185

STOKES ON FEVERS . . . . . 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Diphtheritic Paralysis.—Prof. Bouchut, in a Clinical Lecture delivered at the Hôpital des Enfants Malades, said he had long been of opinion that the paralyses observed during the convalescence from diphtheria are a result of anæmia, hydræmia, or "*hypoglobulie.*" This is, however, a theory that is open for reconsideration. Others regard them as specific paralyses—*i. e.*, connected with an infection of the blood by means of a principle derived from the prior disease; thus admitting paralysis caused by a diphtheritic principle, just as a syphilitic paralysis is connected with a syphilitic diathesis. This, too, is only an hypothesis; and if this theory of the paralysis of convalescence is to be admitted, we shall have to distinguish, besides the diphtheritic paralysis, the pneumonic, the typhoid, the scarlatinal, etc., paralyses—which is inadmissible. It is in another direction that we should seek for the cause of these paralyses, and especially the diphtheritic, which is the most serious of them all.

This commences by dysphagia of liquids—*i. e.*, with paralysis of the velum, with return of drinks by the nose, and by *nasonnement.* Then come incomplete amaurosis, and paraplegia, which may become ascendant and attack the diaphragm; and sometimes, hemiplegia, strabismus, etc. When the paralysis attacks the respiratory muscles, death is almost certain. There are cases in which, when the paralysis has become thus general, a singular condition of the patient is brought about, characterized by the dislocation of the limbs and the neck. Thus, I had a little girl in my wards, the sub-

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ject of pharyngeal paralysis and ascending paraplegia, who was reduced to the state of a supple puppet, her head and four extremities falling without support or resistance in the direction of their gravity. When raised, her head fell backwards or to one side, just like that of a corpse. The case now under consideration is a curious one, being that of a little girl four years of age, whose father and brother died of croup at the same time that she was suffering from diphtheria, with two buboes under the angle of the left lower jaw. She was cured, and eight days afterwards she became the subject of *nasonnement*, without the rejection of drinks by the nose. She had convergent strabismus of the left eye, *i. e.*, paralysis of the external ocular motor; an incomplete paralysis of the diaphragm and of the abdominal muscles, which did not contract under the influence of tickling; and a complete right hemiplegia, extending even to the face, and producing a deviation of the mouth to the left. This is very rare in diphtheritic paralyses, in which we much oftener meet with paraplegia than with hemiplegia. Under the influence of the induced current, quinine, iron, and wine, continued during a month, the strabismus and hemiplegia have disappeared, and the child will be able to leave the hospital cured.

In twenty-two out of twenty-six cases of diphtheritic paralysis, double neuro-retinitis has been met with, characterized by a flattening and reddish diffusion of the papilla, the edges of which are effaced and veiled by a reddish-gray cloudiness. This is the most ordinary appearance, but in other children the retina is rendered opaline around the nerve by what is termed a retinian exudation, but which is only an acute steatosis of the nervous elements of this membrane. The vessels present nothing remarkable. In presence of so many facts establishing the habitual coincidence of different degrees of neuro-retinitis in very severe and extensive diphtheritic paralysis, it is difficult to believe that convalescence and hydræmia are its sole causes. A new problem offers itself for our consideration, and we have to seek whether these paralyses are not the result of changes in the central portions of the nervous system, and what these changes are. From neuritis and neuro-retinitis accompanying disturbances of the nervous system, we must conclude as to the existence of a nervous alteration in the nerve within the cranium as far as its origin, and consecutively a central organic nervous alteration. How is such an alteration brought about in simple or diphtheritic angina? It is the result of an ascending irritation of the pharyngeal nerves, which is transmitted to the mesocephalon at the origin of the glosso-pharyngeal nerve—an irritation which, according to its extent, gains the origin of the neighbouring nerves, and redescends by them to the optic nerve, the external oculo-motor, the nerves of the limbs, of the abdomen, or the chest, giving rise to hemiplegia or paraplegia, and paralyzing the diaphragm and the intercostals, so as to diminish respiration and hæmatosis. The same course is observed in wounds of the nerves of the eyebrow emanating from the fifth pair, when the inflammation may redescend the optic nerve, and give rise to hyperæmia of the papilla, to be followed by atrophy and amaurosis. So also, in some dental affections, neuritis of the superior maxillary nerve may be produced.

After adverting to various examples of changes induced in the nervous centres by peripheric lesions, Prof. Bouchut concludes by observing:—

"All agree in the most significant manner in the establishment of the organic nature of the diphtheritic paralysis. First, clinical observation shows, in a whole crowd of cases, that peripheric neuritis may extend and mount up to the origin of the nerves in the cerebro-spinal centres; vivisections show the tearing away of nerves followed by central myelitis; the ophthalmoscope habitually reveals a congestive lesion of the optic nerve, and a granulo-fatty retinian peripapillary exudation; and autopsies have shown in some of these cases the existence of lesions of the medulla. This is more than is required to found a firm basis for the doctrine of cerebro-spinal lesions following diphtheria, in preference to the theory

of the essential character of diphtheritic paralyses. These results are of great therapeutical importance. From the moment that we are able to believe in the existence of a congestive neuropathy produced by diphtheria, and inducing paralysis, the indication of tonics becomes formal. Iron, quinine, wine, good nourishment, electrization, and hydropathy are the means to be resorted to with most advantage. Among these, electrization and hydropathy, combined with substantial alimentation, are the most preferable; for quinine and iron, although useful adjuvants, are yet only adjuvants. In the employment of electricity in diphtheritic paralysis the currents by induction are to be used, the continuous currents, so useful in the myogenic or essential paralysis of children, not being here necessary. A feeble current that is easily borne should be directed for from five to ten minutes daily to the velum, the limbs, and other paralyzed organs. Hydropathy also should be employed twice every day, the douches only being continued for a quarter of a minute, so that prompt and complete reaction may be obtained. If the douche be too prolonged, there is no reaction, and the remedy does more harm than good. Alimentation must also be conducted with discrimination; for if there be paralysis of the velum, but little of liquid aliments or drinks should be given, in order to avoid their return by the nose or their penetration into the air-passages. It ought to consist in thick porridge (*potages*), underdone meat, and well-cooked feculent vegetables. Under this treatment it is rare not to find diphtheritic paralysis soon disappearing."—*Med. Times and Gazette*, Sept. 25, from *Gazette des Hôpitaux*, July 20 and 27.

HOSPITAL NOTES AND GLEANINGS.

Chloral as a Local Application for Ulcers.—On visiting the wards of Guy's Hospital on the 7th of October, we saw several patients on whom a solution of hydrate of chloral had been used as a local application to ulcers, and the results appear to be sufficiently satisfactory to be worthy of record. Mr. Lucas commenced the use of chloral among his out-patients in August last, for cases of sloughing wounds and fetid ulcers, and being pleased with the result, he has since given it a somewhat extensive trial in the wards. The effect of the local application of chloral appears to be that of a powerful stimulant and disinfectant; it has no soothing or sedative effect upon the part to which it is applied, but, on the contrary, gives rise to considerable pain, which lasts some time; nor does it, even when used over a very extensive surface, ever become absorbed in sufficient quantity to act as an hypnotic. Whether it is taken up into the circulation or not matters little, since the quantity used as a local application is so small compared with the dose administered as an internal remedy, that, were the whole of the drug applied to find its way into the blood, the quantity absorbed would still be very much less than that of an ordinary sleeping-draught. Its local application is, therefore, eminently safe and free from the dangers which sometimes follow the use of opium lotion or carbolic lotions long continued. Mr. Lucas has used solutions of various strengths, that which he has found most useful being a solution of four grains of hydrate of chloral in an ounce of water. The application of a lotion of this strength is, as we have just stated, often attended with considerable smarting which may last a quarter of an hour, but the smarting becomes less at each subsequent application. In cases where the patients have complained much of the smarting, the lotion has been diluted to the proportion of three or two grains to the ounce. The treatment of foul sloughing ulcers by means of chloral lotion has been attended with great success, the surface of the sore quickly cleansing and assuming a healthy appearance, whilst the subsequent healing has advanced with rapidity in some cases quite astonishing.

In Lydia ward we saw a stout, florid woman, aged fifty, who had suffered from varicose veins for twenty years, and from ulcers for ten years. The ulcers for which she was admitted on Sept. 8th had been open for four years. At the time of her admission, there were two irregularly oval

ulcers occupying the front and outer side of the left leg. The anterior one was nearly seven inches in length, by three inches and a half in breadth; the second, situated behind this, was two inches and a half in length, by three-quarters of an inch in breadth. The surfaces of the sores were deeply excavated and sloughing in parts, whilst the edges were thick, raised, and everted. Under the use of chloral lotion the ulcers quickly became sweet and clean, and the cuticle spread over them with very great rapidity, even while the surfaces of the sore were still considerably below the level of the surrounding skin. The smaller ulcer was completely healed within a fortnight, and at the time we saw the patient all that remained of the large one was a small fusiform patch of healthy granulations, about half an inch in breadth and two inches in length, upon which a blue line of cuticle was rapidly encroaching.

In the same ward there were several other cases of ulcers of less severity that had been treated in the same manner, which presented an equally favourable appearance, and also a case of suppurating cyst of the tongue, for which a gargle of chloral hydrate (two grains to the ounce, sweetened with syrup) had been prescribed as a disinfectant.

In Lazarus ward there is a patient who has suffered from varicose ulcers for ten years. He is a corn-porter, fifty-four years of age, and is accustomed, when at work, to drink five or six pints of beer a day, besides indulging to intoxication at least once in every week. When admitted, his legs were much swollen and inflamed, and the ulcers deeply excavated, sloughing on the surface, and reeking with offensive odours. There was an ulcer on the inner side of the left calf, two inches and a half in length by one inch and three-quarters in breadth; the edges were thick and everted; at the upper part there were high granulations, and below a sloughing surface. On the right leg there were two elongated and irregular ulcers: one on the outer side, five inches in length by two inches in breadth; and one on the inner side, four and a half inches in length and from half an inch to an inch in breadth. These ulcers were deeply excavated, and in a foul and putrid condition. After the application of chloral lotion for a few days, the sores presented a clean and healthy appearance, all putrescence and bad odour had vanished, and cuticle began rapidly to spread over their surfaces. On the 7th inst., about three weeks after admission, the ulcer on the left leg was reduced to one inch by half an inch, and was a healthy healing sore. The large ulcer on the outer side of the right leg had healed, with the exception of two small portions, one at the lower part and one in the middle; and the ulcer on the inner side of the same leg was healthy and healing, and reduced to three inches in length by half an inch in breadth.

We also saw a boy in the Accident ward who had met with a severe injury in front of the knee, causing extensive sloughing of the integuments in front of the joint. In this case chloral lotion had been used from the first, and had acted favourably in cleansing the wound.

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Nearly Fatal Case of Poisoning by a known Dose of Carbolic Acid; Venous Injection of Ammonia; Recovery.—Charlotte C., æt. 37, a debilitated, anæmic woman confined six weeks previously, was admitted into the British Royal Infirmary June 5, 1875, for abscess superficial to the right hip-joint, which came on a fortnight after parturition.

It being intended to open the abscess under an antiseptic veil, a solution of carbolic acid in linseed oil (1 to 10) was ordered for that purpose; and of this mixture, on June 7, the woman, on her own responsibility and unknown to the nurse in charge of the ward, took a measured fluidounce, not having partaken of any solid food for several hours. Twelve minutes or more elapsed before the woman's condition arrested the attention of the nurse, who, finding upon inquiry what had occurred, hastily summoned the house surgeon to the patient. When first seen the woman was sufficiently conscious to reply when spoken to sharply; the skin was moist, the face dusky, the pulse weak, and the pupils slightly dila-

ted. The rapidity with which the toxic effects of the carbolic acid were being developed clearly showing that it was useless to temporize with emetics, the stomach-pump was immediately obtained and applied, the stomach being continuously washed out with tepid water for about twenty minutes, until the ejected matter was perfectly free from oily particles floating on the surface and possessed odour neither of oil nor acid. During this time the state of the patient was becoming every moment more alarming. Unconsciousness was rapidly becoming absolute, the dusky tint of the face deepened, the moisture of the skin increased, and the pupils more dilated, while the pulse was rapid, irregular, and scarcely perceptible; the breathing remained regular, although the relaxation of the soft palate rendered it noisy.

In about three-quarters of an hour from the time when first seen, the condition she presented was most singular. Coma was complete, the face perfectly livid, the pupils dilated, the skin secreting perspiration in the most extraordinarily profuse manner, the surface of the body warm, as also were the extremities, with the exception of the hands, the pulse at the wrist imperceptible, and the muscles of the soft palate and tongue so entirely relaxed that it was necessary to keep the latter organ extended with catch-forceps to prevent it from falling back upon the glottis; yet with these precautions the breathing continued regular, though slow, and the reflex sensibility of the conjunctiva was never altogether abolished.

As dissolution now seemed imminent, it was determined to inject ammonia into the veins, and with all possible despatch. Two drops of the strong solution of ammonia diluted with water were gradually injected into a vein of the forearm. In a few seconds the radial pulse became perceptible, and there was slight general improvement, which was, however, but transient, for in a quarter of an hour it was necessary to repeat the injection the same as before, and again with marked benefit. After waiting another fifteen minutes, the injection of ammonia was again administered, after which the pulse remained perceptible, and the patient's condition improved in every respect. Within another half-hour consciousness had returned, and in less than two hours from the time when first seen, she had sufficiently recovered to be left in charge of two students, who had rendered most valuable assistance throughout.

On recovery she was completely ignorant of what had occurred, and did not know that any mistake had been made. She complained of no pain except in the tongue, and experienced no relapse, but remained in partial prostration for some days, and suffered from an attack of gastric catarrh, which subsided under appropriate treatment.

The urine was not examined.

The case is one of interest, inasmuch as the dose taken (as nearly as possible fifty grains) was accurately known, and the symptoms throughout closely watched. This quantity of carbolic acid would appear to be about the limit which can be taken without a fatal result following; indeed, had the acid been in watery solution, and therefore capable of more rapid absorption, or had the woman been left without treatment, recovery would in all probability not have taken place. The experience of this case demonstrates, moreover, the value of injection of ammonia into the circulation in such cases, where we have no direct antidote, and shows that if life can be maintained for about a couple of hours, one may hope to have obviated the tendency to death.—*Lancet*, Sept. 25, 1875.

—

Treatment of Diseased Joints.—The treatment of diseased joints by sulphuric acid is likely to be fully tried at Guy's Hospital, London. Mr. Cooper Forster has resorted to it in one or two cases, and some weeks ago we had the opportunity of seeing the method applied by Mr. Durham.

Three patients were thus treated on this occasion, all of whom were suffering from advanced pulpy degeneration of the synovial membrane of a joint, and in one case a condyle of the femur was also necrosed, and a small piece of bone was removed from the joint with forceps.

Four joints in the three patients were operated upon: in one patient the ankle-joint, in one the knee, and in one the knee and the wrist-joints were the seats of disease. The mode of operating was simply to make one or more incisions into the joint, let out any flaky or puriform fluid which might be present, and then to stuff strips of lint, soaked in a mixture of one part of the sulphuric acid of the shops with two of water, into it. The parts were then covered with carded oakum and a bandage, and the limb was fixed on a splint. No great amount of pain can be produced by the application, for one of the patients seemed quite comfortable and without any sign whatever of suffering, when we saw her again about half an hour after recovering consciousness from chloroform.

Through the courtesy of Mr. Howse we saw, at the same visit, several cases of excision of the knee-joint which had been operated upon by him. Mr. Howse operates in the usual way, but his method of immediate after-treatment is somewhat different in some of its details to that which is generally followed elsewhere. After the operation is finished, and before the patient leaves the operating-table, the limb is set in a modified McIntyre splint, such as has been before described in these columns as in use at other institutions; then the spaces between the sides of the splint and the limb are filled with cotton-wool soaked in melted wax; next a roller soaked in the same material is applied around the limb and splint above and below the wounded parts. The wound itself is treated strictly on Lister's plan, except that sixteen thicknesses of gauze instead of eight are used, but no oil-silk or mackintosh. Another point is that one-third of the mattress is removed from the footboard end of the bed, and the cradle for swinging rests immediately upon the corded webbing of the bedstead. This much facilitates the dressing of the wound, and does away with the inconvenience of draw-sheets, while the other limb rests quietly upon a pillow raised to the same level as the mattress itself.

By adhering to this method, Mr. Howse has had excellent results with respect to limb as well as to life. The mortality indeed has been very small, for out of twenty-seven cases he has lost but two—one patient died of pyæmia, whilst ulceration and sloughing were going on about the leg not operated upon, and after firm union had taken place between the bones at the seat of the excised joint; whilst the other died of tubercular meningitis, and had tubercle deposited in several of the abdominal viscera. Four cases we saw at this visit in Mr. Howse's wards in different stages of convalescence: two were able to sit up; one, a little hero of five or six years old, had recovered from amputation at the right hip-joint, and was doing infinite credit to surgeon, dressers, sister, and nurses, by getting a firmly anchylosed left knee-joint. In this case Mr. Howse's mind was not made anxious lest he should cut away any portions of the bones beyond the line of the epiphyses, for as the right lower limb had been entirely removed, it was of course impossible that any inconvenience could follow from discrepancy in the length of the legs.

Another patient, a young woman, on the tenth day after the operation, was lying quite happily and comfortably at crochet work, without the slightest evidence of febrile or any other general or local disturbance.

Three of the cases we saw had been submitted to excision for synovial disease of the knee-joint, which had advanced to a suppurative stage. The fourth, a female adult, had for years suffered from chronic rheumatic arthritis of knee and several other joints. In the right knee-joint the tibia was displaced backwards and outwards, but the disease of the left knee-joint (the one excised) was so aggravated that the woman had long been quite unable to stand upon it.

At the same visit, Mr. Lucas brought to our notice two very interesting cases under his own care. A little boy had one of his testicles in the perineum. The other patient was a child about four years old, with a congenital melicerous cyst in the neck communicating with the surface by a narrow sinus, through which was oozing a little transparent viscid fluid.

A probe could be passed in some considerable distance. It was situated on the right side, between two and three inches below the base of the lower jaw, and in front of the border of the sterno-mastoid muscle. Mr. Lucas intended to dilate the sinus by means of a tent, and then to apply iodine or some such irritating substance to the inner wall of the cyst.—*Med. Times and Gaz.*, Oct. 30, 1875.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

International Medical Congress, Philadelphia, 1876.—The fifth International Medical Congress will be formally opened at Philadelphia at noon on Monday, fourth day of September, 1876, and sessions will be held daily during the week.

The four preceding Congresses, it will be remembered, were held at Paris in 1867, at Florence in 1869, at Vienna in 1873, and at Brussels in 1875, under the presidency, respectively, of Bouillaud of Paris, de Renzi of Naples, Rokitansky of Vienna, and Vleminex of Brussels.

The Centennial Medical Commission, of which Dr. S. D. Gross, of Philadelphia, is President, has charge of the preliminary arrangements of the Congress of 1876. An Executive Committee, in which the different States and Territories of the Union are represented, has been appointed, which gives to the Commission a national character, and insures proper attention to the interests of these respective sections.

The Commission has just issued a circular giving the proposed general plan of organization, and business of the Congress, as follows:—

"I. The Congress shall consist of delegates, American and foreign, the former representing the American Medical Association and the State and Territorial Medical Societies of the Union; the latter the principal medical societies of other countries.

"II. The officers shall consist of a President, ten Vice-Presidents, four Secretaries, a Treasurer, and a Committee of Publication, to be elected by the Congress at its first session, on the report of a Committee of Nomination.

"III. The morning sessions of the Congress shall be devoted to general business and the reading of discourses; the afternoons to the meetings of the Sections, of which there shall be nine, viz.:—

1. Medicine, including Pathology, Pathological Anatomy and Therapeutics.
2. Biology, including Anatomy, Histology, Physiology, and Microscopy.
3. Surgery.
4. Dermatology and Syphilology.
5. Obstetrics and Diseases of Women and Children.
6. Chemistry, Toxicology, and Medical Jurisprudence.
7. Sanitary Science, including Hygiene and Medical Statistics.
8. Ophthalmology and Otology.
9. Mental Disease.

"IV. The language of the Congress shall be the English, but not to the exclusion of any other language in which members may be able to express themselves more fluently.

"Gentlemen intending to make communications upon scientific subjects will please notify the Commission at the earliest practicable date, in order that places may be assigned them on the programme."

The State and Territorial Medical Societies are entitled to the same number of delegates to the Congress as the State or Territory has representatives in the Congress of the United States.

Active arrangements, we are informed, are now being made to insure the representation of the leading medical societies of all foreign countries.

The Commission state that "there is every reason to believe that there will be ample hotel accommodation for all strangers visiting Philadelphia in 1876."

Delegates to the International Medical Congress of 1876.—The American Public Health Association, at its late meeting in Baltimore, elected the following gentlemen to represent it in the International Congress: Drs. J. M. Toner of District of Columbia, C. F. Folsom of Massachusetts, J. S. Billings of United States Army, Stephen Smith of New York, C.

B. White of Louisiana, J. G. Thomas of Georgia, R. C. Kedzie of Michigan, J. A. Stewart of Maryland, Thomas M. Logan of California, and H. A. Johnson of Illinois.

—

Harvard Medical School.—Dr. Robt. T. Edes has been appointed Professor of Materia Medica in this School, and Dr. Wm. L. Richardson, Instructor in Clinical Midwifery.

—

Translation of American Medical Works.—Our readers will be gratified to learn that during the year Prof. Gross's Manual of Military Surgery has been translated into Japanese; that a German translation of Prof. Da Costa's papers on Irritable Heart has been issued at Berlin; and that Prof. Hamilton's work on Fractures and Dislocations is about to be translated into German, and published at Göttingen. Thus these gentlemen have received a merited compliment and the strongest evidence of the high appreciation in which their labours are held abroad as well as at home.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—In the *Lancet* for Oct. 9, 1875, is reported a death from inhalation of chloroform occurring in a man who was taken to St. Thomas's Hospital with a dislocated arm. By some means the bandage got disturbed, and the joint again displaced, and at the patient's request chloroform was again administered in order that the limb might be once more restored to its position. Whilst the operation was being performed, however, the patient died.

The *British Med. Journ.* for October 9, 1875, contains the report of a case which occurred at Odense in Denmark (see *Ugeskrift für Læger*), and the same journal for Oct. 16, another at the Seamen's Hospital.

—

Peroxide of Hydrogen as a Deodorizer.—In a lecture on Deodorizers and Disinfectants, delivered to the members of the School of Science at Geelong, Dr. John Day said that the great value of peroxide of hydrogen as a deodorizer was only just beginning to be understood. Professor Roscoe had stated, as recently as 1871, that hydrogen dioxide, or peroxide, "does not occur in nature." Dr. Day claimed, however, to have discovered its presence, spontaneously generated, in a vast number of substances which are in almost daily use, such as all fats and fatty or expressed oils; nearly all perfumes; most, if not all, essential oils; kerosene, gasoline, and benzine; and deal and pine woods. In many respects gasoline is the best disinfectant with which he is acquainted. In addition to being highly volatile, it possessed the property of either generating peroxide of hydrogen, or of originally forming it and storing it up until brought into contact with any of those oxidizable substances for which it has an affinity. One of these two actions, he could not say which, took place long after all presence of the gasoline itself had passed away. When unglazed paper, or any porous substance, is brushed over with gasoline, it will at once give the reaction of peroxide of hydrogen, and continue to do so for a year or more. It is thus persistent in its action, which gives it an immense value over other disinfectants. He recommends that books, newspapers, etc., which have been used by fever patients, or kept in their apartments, be disinfected by brushing them over with gasoline. The most delicate wall-paper may be brushed over with it without injury, as may articles of wearing apparel. The hands may be disinfected by brushing them over with gasoline and allowing them to dry in the air. There is one drawback to its use—viz., its inflammability. Nevertheless, gasoline appears to be worthy of more attention as a disinfectant than it has hitherto received. —*Med. Times and Gazette*, Oct. 16th, 1875.

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Captain Webb.—A recently published graphic "tracing" of the heart's action of this gentleman, who accomplished the extraordinary feat of swimming from Dover to Calais, affords a useful warning to athletes. It is described by Mr. Myers, surgeon of the Coldstream Guards, an expert on the subject, as typical of a heart

that has undergone some inordinate strain and has taken on a condition of irritability, with probably some hypertrophy. It is precisely the character of pulse which he invariably finds in those young soldiers whose hearts have been overstrained in their special calling; a subject to which he has devoted some attention.

It is only an exceptional organism that can endure the terrible strain involved in great athletic feats. Many a fine young fellow has been irretrievably ruined by such efforts, and very few are benefited. —*The Sanitary Record*, Oct. 30, 1875.

—

Sudden Death after Thoracentesis.—In our No. for Sept. last (p. 138) will be found a case of this reported by M. Besnier. M. Legroux communicated (July 23), to the *Société Médicale des Hopitaux*, another case in which death supervened three-quarters of an hour after thoracentesis. The autopsy shed no light upon the cause of this sudden death.—*Gaz. Hebdom. de Méd. et de Chir.*, Sept. 3, 1875.

—

To Preserve Solutions of Morphia.—It is asserted by M. Vidal that the addition of chloral to a solution of morphia renders it much less liable to spontaneous change. This fact, if it be true, is important. The alteration which concentrated solutions of morphia undergo renders their strength variable and uncertain if they are laid by for a time. M. Vidal adds to the solution a quantity of chloral equivalent to twice the weight of the morphia it contains. He affirms that the injection of this mixture is not painful.—*Lancet*, Oct. 30, 1875.

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Preservation of Leeches.—A concentrated solution of salicylic acid speedily destroys leeches, but a very weak solution preserves them in all their vigor. Four drops of a solution of a gramme of salicylic in 300 grammes of water to each 100 grammes of water is the strength recommended.—*Gaz. Hebdom.*, Sept. 24, 1875, from *Journ. de Chemie et de Pharmacie.*

—

Is Selling Diseased Meat Immoral?—A west country parson has sent a remarkable letter to the *Times*, which gives us some interesting information concerning the quality of some of the "first-class beef" which finds its way to the London market. He states that one of his parishioners, a tenant of his glebe, lost a fine cow during last week. The animal died of inflammation of the kidneys, and the worthy vicar was expressing his condolence at what he considered would be a heavy loss for his tenant, when to his astonishment he was informed that not only had the farmer suffered no loss from the death of the cow, but that he had actually, as it appeared, proved a gainer, for the diseased carcass of the cow had been promptly sent "to London" where it had been sold as "first-class beef." The first impulse of the vicar was, he says, to denounce the farmer as "a murderer, a thief, a false witness, and a covetous man;" but remembering that the individual in question was "a regular communicant," he thought better of the matter, and consulted his curate. The curate threw some light on the subject; for he said that the sending of diseased meat to London was "so common a practice that it was not looked upon as a crime." This is cheerful news for flesh-eating Londoners. — *The Sanitary Record*, Oct. 30, 1875.

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Scarlet Fever.—This disease is now prevailing as an epidemic in London and some other parts of England and in Ireland.

—

Typhoid Fever.—This disease is said at the present time to be prevalent and unusually fatal in Paris.

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Obituary Record.—Died, at Paris, on the 24th of October, of meningeal apoplexy, Dr. Paul Lorain, in the forty-eighth year of his age. Dr. Lorain was physician to La Pitié Hospital, and about three years ago was appointed to the Professorship of the History of Medicine in the Paris Faculty as successor to the lamented Daremberg.

———, at La Tour, Department of Saône et Loire, October 19, 1875, Pierre Salomon Segalas, Prof. agrégé libre of the Paris Medical Faculty, Member of the Academy of Medicine, Officer of the Legion of Honour, etc. etc. etc.

PROSPECTUS FOR 1876.

The continued favor bestowed on the "American Journal of the Medical Sciences" and its adjuncts enables the publisher to maintain for 1876 the very liberal terms offered during the past year, and encourages the Editors in the effort to render these periodicals, if possible, indispensable to every reading physician.

The "Monthly Abstract of Medical Science" will thus preserve the features which have already rendered it so popular, of presenting every month a carefully condensed and systematically classified view of the improvements and discoveries reported in the medical literature of both hemispheres. During the past year it has thus contained

42	Articles on Anatomy and Physiol.		118	Articles on Midwifery and Gynæcology.	
56	"	Mat. Med. and Therap.			
204	"	Medicine.	18	"	Med. Jurisp. and Toxicol.
183	"	Surgery.	8	"	Hygiene.

Or, in all, 629 Articles in a single year, with an elaborate Index, forming an octavo volume of about 600 closely-printed pages.

The "American Journal of the Medical Sciences" will contain during 1876, in addition to its usual attractions, "A Century of American Medicine," in the shape of detailed reviews of the advances in Medical Science made in the United States since 1776. These papers will be furnished by the following eminent gentlemen:—

I. Practical Medicine, by Edward H. Clarke, M.D., late Professor of Materia Medica and Therapeutics in the Mass. Med. College.
With an account of the Discovery of Anæsthesia by Henry J. Bigelow, M.D., Professor of Surgery in the Mass. Med. College.

II. Surgery, by S. D. Gross, M.D., LL.D., Professor of Surgery in the Jefferson Medical College.

III. Obstetrics and Gynæcology, by T. Gaillard Thomas, M.D., Professor of Midwifery and Diseases of Women and Children in the Coll. Phys. and Surg. N. Y.

IV. Medical Literature, by J. S. Billings, M.D., U. S. A., Surgeon-General's Bureau, Washington, D. C.

The "Medical News and Library" will contain the completion of Stokes's Lectures on Fever, which advance-paying subscribers to the "American Journal of the Medical Sciences" will thus receive free of cost. This will probably occupy the "Library Department" until about June, when it will be followed by another work of similar practical value.

*** Cloth covers for binding the "Abstract" and the "Journal" will be forwarded free of postage, to advance-paying subscribers, on receipt of six cents in postage stamps for each cover. Of these there are two for the "Journal" and one for the "Abstract" in each year, and those for 1875 are now ready.

The terms for these periodicals will be continued as heretofore, during 1876, the "News and Library" being furnished without charge as a premium for advance payment to the "American Journal of the Medical Sciences," and the "Monthly Abstract" being furnished at One Dollar per annum, in the same manner, as a further inducement—all being *free of postage*, as follows:—

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The "Monthly Abstract of the Medical Sciences," about 600 pages per annum, in advance,	Two Dollars and a Half.
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INDEX.

Abdomen, penetrating wound of, 24
Abscess, nephritic, 4
———, perinephritic, 97
Abstinence, prolonged, 26
Air, action of compressed, 156
—, sea and mountain, 30
Alabama Medical Association, 153
Albumen, carbolic acid test for, 15
Alimentary canal, foreign bodies in, 45
American Medical Association, 88
———— works, translation of, 184
———- Neurological Society, 105
Ammonia, carbazotate of, a substitute for quinia, 172
Anæsthetics, Committee on, 157
Anderson, gastric and cerebral vomiting, 1
Aneurism, popliteal, cured by compression, 10
Anthropology, school of, 175
Anus, fissure of, 151
———, prolapse of, cured by nitric acid, 86
Aperients, hypodermic, 43
Atkinson, rupture of spleen, 11
Auger, heteroplastic skin grafting, 10

Baby, eighteen-pound, 153
Bacteria, 62, 65, 109
———-, action of salicylic acid on, 76
Bartlett, paracentesis pericardii, 23
Bastian, germ theory of disease, 75
Bee poison, inoculation with, 31
Bert, compressed air, 156
Besnier, sudden death after paracentesis thoracis, 138
Bladder, capillary puncture of, 28
———, rupture of, 5
Bloodless surgery, drawbacks of, 78
Bloodvessels, action of heat and cold on cerebral, 94
Böke, fatal hemorrhage from ear, 9
Bouchut, chloral in diseases of children, 8
————, diphtheritic paralysis, 177
Bouillaud, intravenous injection of chloral, 155
Brain, softening of, 161
British Medical Association, 158
Bromoform as an anæsthetic, 174
Bronchial secretion, influence of, on death, 126
Brunton, vomiting in gastric catarrh, 44
Bryant, diagnosis of fracture of neck of femur, 41
Buchanan, nævus, 113
Bulimia, 127
Burns, applications to, 135

Cæsarean section, 120
Calculus, supposed case of renal, 60
———-, vesical, 10
————————, unsuspected, 61
California Medical Society, 106
Carbolic acid in rheumatism, subcutaneous injection of, 173
————————, poisoning by, 180
Carotid artery, ligature of left common, 87
Carter, iridectomy for optical purposes, 110
Castration, self-inflicted, 103
Catheter, simple means of tying-in, 45
Charcot, paraplegia of Pott's disease, 22
Child-bearing, age in relation to, 7
Chloral as an antiseptic, 29
———- as a local application to ulcers, 179
———- in diseases of children, 8
———, intravenous injection of, 155
Chloralum, 13
Chloroform, antidote to, 43
————————, deaths from, 6, 27, 44, 58, 78, 91, 95, 104, 136, 184
————————, discovery of, 109
————————, ether versus, 43
————————- poisoning, resuscitation from, 58
————————, preservative effects of, 13, 141
Cholera in India, 158
Christison, change of type of disease, 139
————————, discovery of chloroform, 107
Clementi, extraction of leech from larynx, 63
Clinical lectures—
——— convulsions due to morbid conditions of uterus in the non-puerperal state, 145
——— croup and the diseases which resemble it, 33, 49
——— deafness in connection with hereditosyphilis, 38
——— diagnosis of exudations into cavity of tympanum, 81
——— diphtheritic paralysis, 177
——— gastric and cerebral vomiting, 1
——— nævus, 113
——— paraplegia of Pott's disease, 22
——— perinephritic abscess, 97
——— pyæmia, 17
——— relation of bacteria to the chemical and physical processes which constitute the life of higher animals, 65

Clinical lectures—
——— simulation of dislocation into axilla after union of fractures through the tuberosities of the humerus, 72
——— softening of the brain, 161
——— tapping and draining the pleura, 129
——— wound of the palm, 84
Code of Ethics, 171
Cod-liver oil, disguising taste of, 153
Cold, influence of Arctic, 140
College of Physicians of Philadelphia, library of, 25
Congress, International Medical, Brussels, 79, 174
————————————, Philadelphia, 170, 183
————————————, Ophthalmological, 123
Conjunctiva, glass imbedded in, 103
————, transplantation of, 108
Cornil, parenchymatous hepatitis, 154
Corson, croton-oil paint, 7
Croton-oil paint, 7
——— -chloral in diseases of children, 8
Croup and the diseases which resemble it, 33, 49
——, belladonna in membranous, 123

Damiana, 135
Day, peroxide of hydrogen as a deodorizer, 184
Depaul, triplets, 156
Diabetes, glycerine in, 59
Diagnosis, new aids to, 92
Diphtheria, cubebs in, 9
————, precautions against, 25
Diphtheritic paralysis, 177
Disease, change of type of, 139
Dittel, introduction of hand into rectum, 126
Dowse, nephritic abscess, 4
Drainage, completion of metropolitan, 157
————, Liernur system of, 14
Duplay, œsophageal obstruction, 12
Dwarfish race, 142

Ear, fatal hemorrhage from, 9
—, galvano-cautery for removal of bean from, 11
Edis, fissure of anus, 151
Epididymitis treated with ice, etc., 53
Ergot, active principle of, 43
Erysipelas, injections of carbolic acid in, 28
————, relations of micrococci to, 111
Ether *v.* chloroform, 43, 108
——- inhaled directly into larynx, 154
——, reported death from, 107
Eucalyptus globulus, 127

Female labour, 13
Femur, diagnosis of fracture of neck of, 41
———, fracture of outer condyle of, 55
———, subcutaneous division of neck of, 154
Fever, action of septinous poisons on production of, 75
Fleck, chloralum, 13
Fochier, capillary puncture of bladder, 28
Food, preservation of, by compressed air, 142
Forcipressure, 59
Forster, diseased joints, 181
Foster, vesical calculus, 10
Foulis, improved elastic tourniquet, 61
French Association for Advancement of Science, 158
Friedreich, insufficiency of valves of femoral vein, 9

Galvano-cautery, 41
Gamgee, ligature of left common carotid, 87
Germ theory of disease, 75
Gilbert, belladonna in membranous croup, 123
Giraldès, prevention of sea-sickness, 29
Glycosuria, new form of, 78
Goitre, removal of, 77
Gout, saturnine, 39
Graduates in medicine in 1875, 57, 74
Guéniot, delay in separation of ligatures, 59
Gundrum, disguising taste of cod-liver oil, 153

Hæmatocele, pelvic, discharging through rectum and vagina, 88
Hammond, self-inflicted castration, 103
Harlem Lodge, 171
Harvard Medical School, 184
Hat, poisoned by, 140
Hemiopia with hemiplegia, 107
Hemorrhage, uterine, controlled by ergotine, 101
Hemorrhagic diathesis, 5
Hepatitis, parenchymatous, 154
Hewett, fracture of outer condyle of femur, 55
Hewitt, convulsions due to morbid conditions of uterus in non-puerperal state, 145
Hill, paracentesis thoracis, 129
Hip, resection of, in infant, 6
Hirt, female labour, 13
Hogen, diagnosis of tympanic exudations, 81
Hoggan, process for staining tissues, 157
Honey, poisoning from, 102
Hulke, epididymitis treated with ice, 53
———, wound of palm, 84
Humerus, dislocated, reduced after five months, 79
————, fractured, simulating dislocation into axilla, 72
Hutchinson, anal prolapse cured by nitric acid, 86
————, aspirator in synovitis of knee, 101
————, bleeding fungous growth from urethra, 5
————, fractured humerus simulating dislocation into axilla, 72
Hydatids of liver, treatment of, 173
Hydrarthrosis, treatment of, 44
Hydrogen, peroxide of, as a deodorizer, 184
Hydrophobia, victims of, 12
Hyperidrosis, 107
Hypospadias and epispadias, 79

Identity, mistaken, 78
Illinois Medical Society, 105
Indiana Medical Society, 106
Intestinal secretion, 156
Iridectomy for optical purposes, 110

Jackson, hemiopia with hemiplegia, 107
———, migraine, chorea, and rheumatism, 133
———, recovery from double optic neuritis, 133
———, softening of brain, 161
Jacobi, specialities in medicine, 55
Jenner, croup and the diseases which resemble it, 33, 49
Joints, treatment of diseased, 181

Keen, Philadelphia School of Anatomy, 125
Keith, ovariotomy statistics, 11
Kentucky Medical Society, 106
Kitchen, invalid's, at Leeds, 30
Knee-joint excision, 86
Kolbe, preservation of meat, 12

Lactation, physiology of, 12
Larynx, extraction of leech from, 63
Law and medicine, 109
Lawson, wound of optic nerve without injury to globe, 39
Leeches, preservation of, 185
Legrand, treatment of pertussis, 8
Lente, F. D., 171
Leven, meteorism, 137
Ligatures, delay in separation of, 59
Lister, removal of goitre, 77
Liver, puncture of, by aspirator, 44
Louise Lateau, 158
Lubelski, bulimia, 127
Lucas, chloral as a local application to ulcers, 179
Lukomski, relations of micrococci to erysipelas, 111

MacCormac, knee-joint excision, 86
Mania, ergot in acute, 77
Marshall, needle traversing the body, 152
Maryland Medical Society, 106, 136
Mason, rupture of bladder, 5
Measles, recurrence of, 28
Meat, preservation of, 12
——-, selling diseased, 185
Medical degrees, American, 7
———- journals, changes in, 8, 42, 107, 136, 159
Menstruation and ovulation, 7
Mercury, cholagogue action of, 43
Meteorism, production of, 137
Methylene, death from, 27
Michigan Medical Society, 125
Mignon, foreign bodies in digestive canal, 45
Migraine, bromide of potassium in, 76
———, chorea and rheumatism, 133
Missouri Medical Society, 105
More, ether inhaled directly into larynx, 154
Morphia solutions, to preserve, 185
Moxon, perinephritic abscess, 97
———, pyæmia, 17
Muntz, influence of chloroform on ferments, 141
Myrtle, infusion of, 28

Nævus, 113
Necrometer, 127
Needle traversing the body, 152
Nerve function in infant, disordered, 93
Neuralgia, trifacial, 24
Neuritis, recovery from double optic, 133
Neuroses, treatment of, by phosphorus, 42
New Hampshire Medical Society, 124
—— Jersey Medical Society, 105
Nitrous oxide, death from, 78
North Carolina Medical Society, 136

Obituary record, 26, 31, 42, 47, 57, 74, 95, 111, 125, 127, 136, 143, 153, 159, 175, 185
Obstetric practice, strange, 46
O'Connell, opium poisoning, 122
Œsophagus, obstruction of, 12, 74
Ohio Medical Society, 135
Opium poisoning, 122
——— ——— ———, atropia in, 138
Optic nerve, wound of, without injury to globe, 39
Ovarian disease, new period in diagnosis of, 77
Ovariotomy, 126
———, during pregnancy, 60
———- statistics, 11
Ovulation and menstruation, 7

Palm, wound of, 84
Paracentesis pericardii, 22
———, thoracis, 129
———————-, sudden death after, 138
Paralysis, diphtheritic, 177
Paraplegia of Pott's disease, 22
Pendleton, case of fall from a great height, 104
Pennsylvania State Medical Society, 105
Pepsin, estimation of, by colour, 61
Pertussis, treatment of, 8
Philadelphia School of Anatomy, 125
Phosphorus poisoning, oxygen in, 109
Phthisis, alcoholic, 138
Physical culture, 124
Piorry, influence of bronchial secretion on death, 126
Plant, reappearance of, 142
Population, degeneration of factory, 141
Preston Retreat, 25
Protoplasm and adipocere, 157
Pruritus formicans, 170
Public Health Association, American, 171
Puerperal fever, epidemic of, 62
———————-, nature of, 92
Pyæmia, lecture on, 17

Rectum, introduction of hand into, 126
Reignier, cubebs in diphtheria, 9
Rheumatism, carbolic acid in, 173
———————-, hot-pack in acute, 153
Rice, application to burns, 135
Richardson, action of septinous poison on production of fever, 75
———————, alcoholic phthisis, 138
———————, death from ether, 107
Rigaud, new treatment of varix, 154
Riopel, glass in conjunctiva, 103
River pollution, 15, 47

Salicylic acid, action of, on bacteria, 76
———————, antifebrile action of, 172
Sanderson, bacteria, 65

Sands, swallowing of scissors, 24
Sanger, treatment of neuroses by phosphorus, 42
Sansom, carbolic acid test for albumen, 15
Sayre, resection of hip in infant, 6
Scabies, liniment for, 29
———, treatment of, 59
Scalp, avulsion of, 61
Scarlet fever, causation of, 28
——————— during pregnancy, 46
Schiff, ether and chloroform, 108
Schüller, action of heat and cold on cerebral bloodvessels, 94
Scissors, passage of, through abdominal walls after being swallowed, 24
Sea-sickness, nitrite of amyl in, 123
———, prevention of, 29
Senator, antifebrile action of salicylic acid, 172
———, carbolic acid in rheumatism, 173
Simon, catheterism of ureters, 155
Sinety, physiology of lactation, 12
Skin grafting, heteroplastic, 10
Slane, carbazotate of ammonia, 172
Smallwood, poisoning from honey, 102
Smith, disordered nerve function in infant, 93
Snake bites, treatment of, 158
Specialities in medicine, 55
Spina bifida in adult, 95
Spleen, idiopathic rupture of, 11
Staining tissues, Hoggan's process for, 157
Staphyloma, posterior, 73
Starling Medical College, 171
Sternum, fracture of, 91
Subclavian, compression of left, 44
Synovitis of knee, aspirator in, 101

Tait, pelvic hematocele, 88
Taxis, dangers of forced, 77
Teevan, retention of urine, 150
Tennessee Medical Society, 124
Tetanus, treatment of, 9
Thackeray, pruritus formicans, 170
Thomson, posterior staphyloma, 73
Thoracentesis, sudden death after, 185
Tourniquet, improved elastic, 61
Transfusion, 125
Trenholme, extirpation of fibro-cystic tumour of uterus, 7
Triplets, 156
Tympanum, diagnosis of exudations into cavity of, 81
Typhoid epidemic from water pollution, 46

Ulcers, lotion for phagedenic, 9
———, chloral as a local application to, 179
University of Pennsylvania, 135
Urea, formation of, in body, 61
Ureters, catheterism of, 155
Urethra, bleeding fungous growth from, 5
Urine, hæmatoxylon in alkaline, 125
———, new acid found in, after use of chloral, 174
———, retention of, from laceration of urethra, 150
Uterus, ablation of inverted, taken for polypus, 60
———, extirpation of tumour of, 7

Vaccination, value of, 94
Varix, new method of treating, 154
Vein, insufficiency of valves of femoral, 9
Verneuil, forcipressure, 59
———, hydatids of liver, 173
Vomiting, gastric and cerebral, 1
———, in gastric catarrh, 44
———, valerianate of quinia in nervous, 138

Warren, health of Dr. Edward, 171
Water pipes, sanitary value of iron, 30
Weather in Philadelphia, 26
Webb, Captain, 184
Wells, diagnosis of ovarian disease, 77
———, nature of puerperal fever, 92
West Virginia Medical Society, 136
Wilks, saturnine gout, 39
Wisconsin Medical Society, 136
Wood, extirpation of fibroid of uterus, 7
———, hypospadias and epispadias, 79

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